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ICIANS should RECORD classified. 4 63 pinous properly UNFADING may certificate. 80 10 back terms, piain Instructions Information = DEATH See 50 Item OF mportant. Every Ite m ż

3h STATE OF MARYLAND PLACE OF DEATH. CERTIFICATE OF DEATH Registered No. lit death occurred inWard) a hospital or institution. give its NAME instead at street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED. (Month) (Dav) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH that I last saw h alive on (Year) (Month) (Day) It LESS than and that death occurred on the date stated above, at ... TAGE 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind et work. (b) General nature of industry, business, or establishment la (Duratieo) which employed (or employer) ----Contributory.... BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER . 1915 (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death ... State ____ yrs. mos. ... Where was disease contracted. 14 THE ABOVE IS TRUE TO TH If not at place of death?-Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 191..... 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. Ne. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation bas Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold disease); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUEBPEBAL peritonitis," childbirth or miscarriage, as "Puerreral scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mails. cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medicai Association.) Accidental drowning; Struck by railway train-accioma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," etc. State (name origin; "Candeath), 29 ds.; "Exhaustion," Examples: cause for For VIO-

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APR 6 1915 BURLAU, V.S. RECORD

PERMANENT

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N. B.

V. S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. UNFADING INK-THIS CAUSE OF important.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No....

[If death occurred la a hospital or institution, give its NAME instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
General Color of RACE Single, MARRIED, Widowed, Wedered ORDIVORCED (Write the word)	(Month) (Day (Tear)
6 DATE OF BIRTH Nov 28 1828	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year) 7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 1.50 pm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	Chronic Bronchites
(b) General nature of Industry, business, or establishment in which employed (or employer) 9 SIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER FRÉSLIER 11 BIRTHPLACE OF FATHER (State or country) Moanyland	(Signed) (Oeration) yrs mos ds. (Signed) (Address) (Add
12 MAIDEN NAME OF MOTHER WO NOT RELECTED TO MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA. OR RECENT RESIDENTS) At place of deathyrsmosds. Where was disease contracted, If not at place of death?
(Interment) Julia Hall (Address) 9 6 Sixth St	Former or usual residence
Filed 15 March 91 5 Com PM Charles REGISTARY	Date of Burial or REMOVAL Baboning Sois Mar 15, 1815 20 UNDERTAKER ADDRESS Thomas T, Rice Frederick
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers it should be used only when needed. As examples: additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, ctc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligvalvular heart disease; Chronic interstitial nephritis, pant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cause of death approved by Committee on Nomenelainjury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the genital," "Senile," etc.), thenia," "Anaemia" (mercly symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciaccidental, suicidal, or homicidal, or as probably Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," Never report For Vio-

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D. Bourne



V. S. No. 1.

N. B.

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Ounty Frederick	3698 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. /3/
Village or City Paint of Rock TNO.	St.; Ward) [It death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE White White Write the word)	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year)
** OATE OF BIRTH ** ** ** ** ** ** ** ** ** ** ** ** **	17 I HEREBY CERTIFY, That I attended deceased from 191 , to 191 , to 191 , that I last saw harmonic alive on 191 and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows:
(a) Frade, profession, or particular kind of work. (b) Geogral nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) First he compared to the country of the	Contributory (Secondary) Doration yrs mes ds
11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 Clizabeth 15 Merch	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) 15 Thampson	At place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, It not at place of death?
(Address) adamstory Wod 15 Filed Mel 3/, 1915 T. Cly de Moulon REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Ru frencises Mas. 27, 1815 20 UNDERTAKER - No sudertake ADDRESS body was decomposed which bory
If more blanks are needed, address State Begistrar	, 6 E Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. minc, etc. Women at home, who are engaged in the dutles of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," If the occupation has Farmer or Planter,

Statement of cause of death—Name, first, the dispasse causing death—Name, first, the dispasse causing death—Name, first, the dispasse causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

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APR 3 1915 BUREAU, V.S.

V. S. No. 1.

N. B.

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PLACE OF DEATH	3699STATE OF MARYLAND
Frederial IV	CERTIFICATE OF DEATH
County Wall	Padistration Diet No. 146
0/10	Registration Dist. No. 140
Village or City Market	St.: Ward) [If death occurred in
	a hospital or institution, give its NAME instead
1/20106	ot street and number.]
2FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	18 DATE OF DEATH (MG) 1915
male WIDOWED ORDIVORGES ORDIVORGES	(Month) (Day (Year)
mu. Many 9	17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH	Gno /2, 1915, to Jan /2, 1915,
JAN 14/3	that I last saw bandive on In an 2,191,5-
(Month) (Day (Year)	3.0
1 day_hrs.	and that death occurred on the date stated above, atm,
	The CAUSE OF DEATH* was as follows:
BOCCUPATION	Commission of the commission o
(a) Trade, profession, or particular kind of work	July many as somy
(b) General nature of industry,	The contract of the same of
business, or establishment in which employed (or employer)	(Ouration) yrs. mos ds.
	Contributory
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF	(Ouration) yrs mos ds.
ETHER 116 (Summer.	(Signed) / M. D. M. D.
M ILBIRIORIAGE	Jan 12, 1915. (Address) Fran Bridge
Z OF ATHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
Z (STATE OF COUNTY THE STATE OF MATTER OF MATT	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN- TAL, SUICIDAL, OF HOMICIDAL.
a for worker on Harmin	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTH PLACE	OR RECENT RESIDENTS) At place In the
State Company (of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
Chimagin Sen 18 (1mm-	Former or
(Intormant)	usual residence
(Address) / Angman Ind.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 200 0 1 1 10 1	Hohnsville Mar 13. 191/2
Fled Mar 15 191 2 Bhas E. Chosmicker	20 UNDERTAKER . ADDRESS
REGISTRAR	1. I. Chounch & son know Bridge

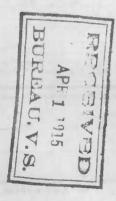
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SICIANS should OCCUPATION IS PHYSICIANS RECORD 0 statement RMANENT EXACTLY Exact stated 回 classified. should properly AGE INK supplied. may be UNFADING certificate. that 20 50 pe back terms, pinous OU plain Instructions Information _ EATH WRITE See 50 Q Item OF Important. ш Every

state very

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [If death occorred in a hospital or institution. give its NAME lostead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED, anned WIDOWED. (Month) (Day ORDIVORCED (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than t day hrs. min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory... Secondary 10 NAME OF FATHER

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try)	Pa	
mary	Firito	

13 BIRTHPLACE OF MOTHER (State or country)

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REGISTRAR

20 UNDERTAKER

OR RECENT RESIDENTS

Where was disease contracted

If oof at place of death?

22 191. D. (Address) Truco

*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

At place

Former or

usual residence

15

ARENTS

11 BIRTHPLACE

12 MAIDEN NAME

OF MOTHER

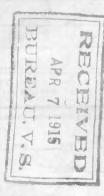
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cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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ture of the American Medical Association.) such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMIOIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puere ral septichaemia," "Puereeral peritonitis," etc. State cause for cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. cause. Always qualify all discuses resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of "Exhaustion," For Vio-



PERMANENT RECORD

4

WRITE PLAINLY, WITH UNFADING INK-THIS

N.B.-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

	3701
1 PLACE OF DEATH	STATE OF MARYLAND
County Alredences	CERTIFICATE OF DEATH
Moutones Hospit	al Registration Dist. No. 157
Village or City (No	St.; Ward) [If death occurred in a hospital or institution,
*FULL NAME Joseph Bent	give its HAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black Single, Married ORDIVERCED (Write the word)	16 DATE OF DEATH March 27, 1915 (Month) (Day (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH March 0,9" 1071	march 25, 1915, to March 27, 1915,
(Month) (Day (Year)	that I last saw have allve on march 27 ,1915
7 AGE If LESS than	and that desth occurred on the date stated above, at 11 Com.
38 // 28 1 day,hrs.	The CAUSE OF DEATH* was as follows:
BOCCUPATION OR MIN.?	Tubrala Incumoria
(a) Trade, profession, or Afone Leucandman	<u> </u>
particular kind of work (b) General nature of industry,	
business, or establishment in	(Duration) yrs. mos 2 f ds.
which employed (or employer)	Contributory Pulmonary Interculosis
9 BIRTHPLACE (State or country) (State or country)	Secondary
10 NAME OF / / 100 A	(Duration) yrs mos ds.
FATHER William Deutley	(Signed) Othomas, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	Sevol 27, 1915 (Address) Frederick, Ind
Z OF FATHER (State or country) Verguna	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
MAIDEN NAME OF MOTHER	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Isramice	At place In the of death yrs mos de
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) Oliver, Mice Sufit,	If not at place of death?
	usual residence
(Address) Hrederick, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 3/5d 2my	Mouture, Man 29, 1916
Filed 12 1815 H Locales are	20 UNDERTAKER ADDRESS
REGISTRAR	Mouras f. Rice Frederick
It more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "I'UERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Tuerperal septichaectc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all discases resulting from Mcasics (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," ."Exhaustion," (Recommendations on statement of For Vio-



2	PH
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PH CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of important. See instructions on back of certificate.
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ING	Every Item of Information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be pre important. See instructions on back of certificate.
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m z 10 NAME OF FATHER

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11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS THUE TO

OF FATHER (State or country)

state

YSICIANS should OCCUPATION IS

1 PLACE OF DEATH STATE OF MARYLAND Registration Dist. No If death occurred to ...Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH OR RACE MARRIED. WIDOWED, (Month) (Day (Year) Write the word) DATE OF BIRTH (Month (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, a f dayhrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributory (State or country) Secondary

(Signed)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

-	At place	In the		
I	of death yrs mos ds.	State	yrs,	mosdr
T	Whore was disease contracted			

If not at place of death? Former or

usual residence

DATE OF BURIAL

ADDRESS

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations dutics of the household only (not paid Housekeepers first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as mine, etc. Women at home, who are engaged in the material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary froman, etc. But in many been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canscpsis, tctanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." injury, as fracture of skull, and consequences (e. g., ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (Recommendations on statement of (secondary or intercurrent)



state PHYSICIANS shoul RECORD PERMANENT EXACTLY. classified. AGE sho ш O INK UNFADING may certificate. 9 0 terms, n back 0 plain instructions Id X WRITE Q OF Every item CAUSE OF important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Fredoric Registration Dist. No Ilf death occurred le Ward) a hospital or institution, give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 6 SINGLE. 16 DATE OF DEATH MARRIED, Marrie WIDOWED, (Month) (Dav ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 BIRTH man 10, 1915, to (Day (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at..... 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. Chused demi business, or establishment in (Duration) which employed (or employer) J. Contributory & 9 BIRTHPLACE (State or country) Secondary (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ARENT OFFATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 0 BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, mar OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. ds. State yrs. ____ mos. Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 Mar. 20 UNDERTAKER REGISTRAF

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fleation as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is uec-Civit engineer, Stationary freman, etc. But in many applies to each aud every person, irrespective of age. who have no occupation whatever, write Nonc. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Colton mill; (a) Satesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonacum, etc., Carcin-

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1 PLACE OF DEATH

county Frederich.

FULL NAME Melvin a.	P. Biser give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male. White the word) State of Birth State of Birth Manual State	16 DATE OF DEATH Man 25 , 191 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased fro Sept 17 , 1913 to Man 25 , 191 that I last saw here alive on Man 25 , 191
7 AGE (Month) (Day (Year) 1 LESS than 1 day,hrs. oRmin.?	and that death occurred on the date stated above, at 10 0 n The GAUSE OF DEATH* was as follows:
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF	Contributory Herédetary Secondary (Duration) / 5 - 7 - 2 0 mos d
11 BIRTHPLACE OF FATHER (State or country) May land. 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MX KNOWLEDGE	At place In the ot death yrs mos ds. State yrs mos d
(Address) Braddock Height W 16 Filed Morble 16, 1915 A. C. Lauren M.	Former or usual residence

STATE OF MARYLAND

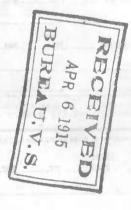
CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an should be taken to report specifically the occupations ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, If the occupation has

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head childbirth or miscarriage as "Puerperal septichae ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. "Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEBPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aeei The contributory (Recommendations on statement of (secondary or intercurrent) State cause for



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ACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death accurred la hospital or institution. give its NAME instead of street and number.1 Cucalio Blac PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED Married WIDDWED. (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from TE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date atated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, ur particular kind of work (b) General nature of Industry, business, or establishment la which ampleyed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE 191..... (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State _____ yrs, ____ mos. Where was disease contracted. If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRA Tredereck If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uracmia," "Weakness," theuia," "Auaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of........ (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligwhich surgical operation was undertaken. For vromia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Ascause of death approved by Committee on Nomenclascpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as "Collapse," "Coma," "Couvulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," ctc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," The nature of the Never report of

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(9)

700 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Frederick (No. Laity Hospital St.; 3 Ward)

1 PLACE OF DEATH

Hoedereck

[It death occurred is a hospital or institution, give its NAME lostead of street and oumber.]

of street and oumber.] A. Blume PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE S SINGLE. DATE OF DEATH MARRIEO, Macorred 1915 WIDOWED. ORDIVORCED (Write the word) (Month) (Year) I HEREBY CERTIFY. That I 191 5 to (Months (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above at 1/200 mm. 1 day.....hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment la which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) State 54 yrs. Where was disease contracted, It not at piace of death? Former or usual residence douth DATE OF BURIAL 16 20 UNDERTAKER ADDRESS

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, ctc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sopsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCINENTAL, SUICINAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the is less definite; avoid use of "Tumor" for maig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report

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Dr. Ma Curcy



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Fired exich Registration Dist. No Ilf death occurred in a hospital or institution, give its NAME Instead of streef and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED MORTELED 1915 WIDOWED. ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS fhan and that death occurred on the date stated above, at, 1 day, hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ! (Signed) S 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. __ State _____ yrs. ____ mos. _ ds. Where was disease contracted. if not af place of death?-Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

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[Approved by U. S. Census and American Public Health Association.]

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valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or misearriage as "Puerperal septichaeete., when a definite disease can be ascertained as the ample: "Contributory." by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"

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De Brooks

APR 6 1916
BURBAU, V.S.

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DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See Instructions on back of certificate. CAUSE OF Important.

PLACE OF DEATH



3708

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

redirect (No. 325', & Church St.; & Ward) Vinfant Butcher

[If death occurred in a hospital or Institution give Its NAME Instead of street and nomber.]

	11
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Genale Colored (Write the word)	16 DATE OF DEATH
Mear 29 19/5 (Month) (Day (Year)	that I last saw h slive on Much 29 1915
7 AGE If LESS than 1 day, Q hrs.	and that death occurred on the date stated above, at 4 a m, The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work	Still Birk
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Manual and	Contributory Michanical pressure — Secondary Leering
10 NAME OF FATHER WO NOT know	(Signed) (Duration) yrs mos ds.
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
12 MAIDEN NAME OF MOTHER Glorence Butcher 13 BIRTHPLACE OF MOTHER (State or country) Mandand	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the Of deathyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Florence Beetcher	Where was disease contracted, If not at place of death?————————————————————————————————————
(Address) 325 C. Cheereh St.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Bastonsville Moss 30, 1916.
Filed B & March 1916 Grand Mr. Christy REGISTARY	Thomas P. Paire Finedwich

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At schoot or At home. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day taborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobite factory. (a) Spinner, (b) Cotton mitt; (a) Satesman, Civit engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

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nant neoplasms); Meastes; Whooping cough; Chronic LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," valvutar heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidentat drowning; Struck by raitway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal schtichae-"Ilcart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. "Contributory." by carbotic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"

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BURBAU, V.S.

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PARENTS

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1 PLACE OF DEATH STATE OF MARYLAND tredouch. CERTIFICATE OF DEATH Registration Dist. No. 14/ Ilf death occurred inWard) a hospital or institution. give its NAME Instead Odie Stella Butter of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Dav ORDIVORCED (Write the word) Y. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than f day hrs. was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Gontributory. Secondary (Duration)

10 NAME OF Harving Conner Butter 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) ruserce

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19 PLACE OF	BURIAL OR	REMOVAL
19 PLACE OF	wells	mot

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

(Signed)

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[Approved by U. S. Census and American Public Health Association.]

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5		PLACE OF BEATH	STATE OF MARYLAND	
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		2 FULL NAME Lucy And Ju	tter	
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2.2	BI	(State or country) Lederick Co. Md.	Secondary	4
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2		FATHER'	(Signed)	, M. D
TE	5	11 BIRTHPLACE	Mud 26, 191 (Address) / humles	my m
ort	Z	(State or country) Cunsylvania	*State the Disease Causing Death, or, in deaths from Causes, state (1) Means of Injury; and (2) whether According to the cause of the c	VIOLENT IDENTAL.
O E	R	12 MAIDEN NAME OF MOTHER	SUICIDAL OF HOMICIDAL.	
20	PA	Caroline Carter	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TO OR RECENT RESIDENTS)	FRANSIENTS
N >		13 BIRTHPLACE & P	At place in the	man da
D S		(State or country) freduces . Ma.	of death	MOS US
00	14 Th	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?	
ATI		(Informant) Ann Butley	Natial residence	
UPA UPA		f fl ml	19 PLACE OF BURIAL OR REMOVAL DATE OF BU	RIAL
Should		(Address) Quilleburg / Rd	Thurmont med micha	261015
10	15	meli 26 in mit Shuff	20 UNDERTAKER ADDRESS	
	File	HOER REGISTRAR	m. F. Shuff Smits	lug Me
=	4	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.	1

3710

[Approved by U. S. Census and American Public Health Association.]

engaged in domestic service for wages, as Servant, Cook wife, Housework, or At Home, and children, not gainfully E yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dcaler," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton of the second statement. mobile factory. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. many occupations a single word or term on the The material worked on may form part Women at home, who are engaged in Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracnia," "Weakness," and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by birth or miscarriage as "Puerpenal septichaemia," Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deathis "PUERPERAL peritonitis," etc. State eause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. The contributory (secondary or intercurcough; Chronic volcular heart disease; Chronic interstitial ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ... rent) affection need not be stated unless "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull, "Senile," etc.), carbolic acid-probably ACCIDENTAL, report mere important.



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	1 P	LACE OF D	EATH	/	
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				7 ,	
	* lef	JLL NAME		nfau	70
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S	11 BIRTH	IPLACE	way	year	
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14 _T	HE ABOV	E IS TRUE TO	THE BEST	OF MY KNOW	LEDGE
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PLACE OF DEATH

1	STATE OF I		
	CERTIFICATE	OF	DEATH

Registered No

Ward)	[It death occurred in a hospital or Institution,
	give its NAME Instead

MEDICAL CER	TIFICATE OF	DEATH	
16 DATE OF DEATH	16		
	Has		, 1910
	(Month)	(Day)	(Year)
17 I HEREBY CER	RTIFY, That I	attended de	eceased from
3-7,1915	- 2	2	1014
, 191,			
hat I last saw h alive on	3	- 2	, 191
and that death occurred on the	date stated	above, at	n
he CAUSE OF DEATH * was	as follows:		
asphy	wa !	email	our
1 0'	·		

***************************************	(Duration)	vrs.	mos. d
	` '	•	
(Secondary)			
(Decondary)			
*	(Duration)	yrs	mosd
*	(Duration)	yrs.	mosd
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(Signed) 6.5	3. 13	vole	<u>ت</u> , M. ۵
(Signed) (Address	; (B) ; F.	den	to me
(Signed) (Address *State the DISEASE CAUSING	DEATH OF I	Jen deaths fro	tr m
(Signed) (Address	DEATH, or, is	Jen deaths fro	tr m
(Signed) , 191 (Address *State the DISEASE CAUSING CAUSES, state (1) MEANS OF TAL, SUICIDAL, OF HOMICIDAL.	DEATH, or, is INJURY; and	n deaths fro	M. I
(Signed) , 191 (Address *State the Disease Causing Causes, state (1) Means of	DEATH, or, is INJURY; and	n deaths fro	M. I
(Signed)	DEATH, or, is INJURY; and	n deaths fro	M. M
(Signed)	DEATH, or, is INJURY; and	n deaths fro	M. M
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(Signed)	DEATH, or, li INJURY; and In the ds. State	n deaths fro (2) whethe	M. I.
(Signed)	DEATH, or, li INJURY; and In the ds. State	n deaths fro (2) whethe	M. I.
(Signed)	DEATH, or, li INJURY; and R HOSPITALS, 1 In the ds. State	n deaths fro (2) whethe	M VIOLENT F ACCIDENT TRANSIENTS MOS
(Signed)	DEATH, or, is Injury; and In the ds. State	n deaths fro (2) whethe NSTITUTIONS, JTS, DATE OF B	M VIOLENT TRANSIENTS TRANSIENTS MOS
(Signed)	DEATH, or, is Injury; and In the ds. State	n deaths fro (2) whethe NSTITUTIONS, JTS, DATE OF B	MY YIOLENT F ACCIDENT
(Signed)	DEATH, or, is Injury; and In the ds. State	n deaths fro (2) whethe NSTITUTIONS, JTS, DATE OF B	M VIOLENT F ACCIDENT TRANSIENT MOS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAN

1915

(Year) It LESS than 1 day, O.hrs.

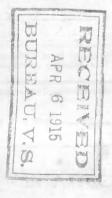
OR ... min. ?

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) As examples: For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. For viochildbirth or miscarriage, as "PURRPERAL septicaneetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of . Bronchopneumonia (secondary), 10 ds. Never report The contributory (Recommendations on statement of (secondary or intercurrent) ... (name origin; "Can-State cause for Examples:



V. S. No. 1.

	RECORD	PHYSICIANS should state of OCCUPATION IS very
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
-		-

	3712
1 PLACE OF DEATH	STATE OF MARYLAND
I, I, IP	
County / Ce aleres	CERTIFICATE OF DEATH
0.	Registration Dist, No.
Village or City Trovs (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
2FULL NAME /// WWW.	Ovarry
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Terrale Color or RACE SANCLE, MARRIED, WIDOWED, Wilder the word)	(Month) (Day (Year)
6 DATE OF BIRTH	Jany 1 1914 to mach 10 1915.
(Month) (Day (Year)	That I fast saw har alive on mich 6th 1915
(Month) (Day (Year)	
About 8 h 1 day hrs.	and that death occurred on the date stated above, atm,
yrs mos ds. OR min. ?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION //	parvula aus y VI aux
(a) Trade, profession, or particular kind of work.	
(b) General nature of industry,	
business, or establishment in	(Duration) Syrs. mos ds.
which employed (or employer)	Contributory General acites,
9 BIRTHPLACE (State or country) Hole Virginia	Secondary
10 NAME OF	(Duration) yrs. 6 mos. ds.
FATHER HILKEROWS	(Signed) M. D.
11 BIRTHPLACE OF FATHER	3/17, 191.5 (Address) Frederick. md.
(State or country) Junguing	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	
- and the	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the
	of death yrs, mos ds. State yrs, mos ds Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant) Col Varaey	Former or usual residence
treel 91. 1	10
(Address)	1
16 3/10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ottoms. Mar. 13, 1916
Filed of 1916	DUNBERTAKER ADDRESS
REGISTRAR	11 Chindlerfer Deso twelderich
II more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not material worked on may form part of the second additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ago, ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of State cause for



RECORD PERMANENT BINDING ESERVED INK a MARGIN

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state Very Hnedori CERTIFICATE OF DEATH pinous Registration Dist, No. OCCUPATION fif death occurred in PHYSICIANSWard) a hospital or institution. give its NAME instead of street and number. I jo statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED, (Write the word) (Dav I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH classifled. (Month) (Day (Year) TAGE If LESS than should and that death occurred on the date stated above, at. t day, hrs. min. ? properly ACE BOCCUPATION (a) Trade, protession, or particular kind of work. supplied. pe (b) General nature of Industry. business, or establishment in may which employed (or employer) ----certificate. 9 BIRTHPLACE (State or country) Contributory. that 10 NAME OF FATHER 20 0 back ARENTS Musch 41, 1915. (Address) terms, BIRTHPLACE should OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 0 12 MAIDEN NAME plain Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) _ 13 BIRTHPLACE At place OF MOTHER (State or country) DEATH YES. Where was disease contracted, See If not at place of death 0 Former or item OF usual residence Important. CAUSE DATE OF BURIAL 15 20 UNDE ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. statement Never return "Laborer," additional line is provided for the latter statement; been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite saiary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons "Foreman," engineer,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) eause of death approved by Committee on Nomenclascasis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL; SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juauition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatie), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Meastes (disease causing (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondpince. All the data is essential and must be obtained before the certificate is permanently filed.

Dr. Thomas



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

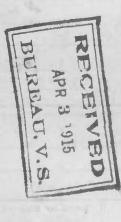
PLACE OF DEATH	STATE OF MARYLAND
- Fredrick	CERTIFICATE OF DEATH
County Frank Co	Registration Dist, No. 146
Village or City & merulal	St.; Ward) [If death occurred in
2 FULL NAM Affilliam Ran	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Color or RACE 5 SINGLE MARRIED, MARRIED, MONEY, ORDINARY OF THE PROPERTY	(Month) (Day (Year)
8 DATE OF BIRTH Onlan 9.3	MAN 6, 19/5, to MAN 25, 1915,
(Morth) (Day (Year)	that I last saw haralive on man 2 , 1915-
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at b, 20 m,
6 3 yrs mos L ds. OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	the william of the same of the
(a) Trade, profession, or form.	Classia and annual
(b) General nature of Industry, business, or establishment in	
which employed (or employer)	(Ouration) yrsmosds.
9 BIRTHPLAS (State of country)	Gontributory Secondary
I MANE OF /	(Signed) All Wash M. D.
of There of Tables	July 2, 81915 (Address) Hours Bridge
State Quatry 12 MATE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Thursday John	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHFLACE OF MOTHER (State of County)	At place in the of death yrs mos ds State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Interment) limin (lafam)	Former or osual residence.
(Address) Asyman hods	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Frendship Man: 30 -, 1915
Filed Mar 30, 1916 Ol Grannickle REGISTRAR	Plo Grossnich Lagar Venione Bride
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, fifst, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred le ---Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, (Month) (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? Tuling - Coletis. The BOCCUPATION PEritoritis (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment In (Duration) which employed (or employer) Contributory Secondary 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ... 191.0... (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ State _ ds. Where was disease contracted. KNOWLEDGE If not at place of death? Former or usual residence 19 PEACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address)

REGISTRAR

20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care additional line is provided for the latter statement; cated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter,

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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STATE OF MARYLAND 1 PLACE OF DEATH Very CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS County-Registration Dist. No. I'lf death occurred in -Ward) a hospital or lostitution, give its NAME instead ot street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE 18 DATE OF DEATH MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. attended deceased from DATE OF BIRTH, 1914 (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at t day.....hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) -----BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER back ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) ot death _____ yrs. ____ mos. ___ State _____ yrs.__ Where was disease contracted. 14 THE ABOVE IS TRUE TO THE OF MY KNOWLEDGE It not at place of death?. Former ar usual residence. 19 PLACE OF BURIAL OR REMOVAL mi (Address). DATE OF BURIAL 15 20 UNDERTAKER APDRESS REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

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(Year)

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the DISEASE Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful (a) Spinner, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precisc statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has As examples: (6)

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ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very of information should be carefully supplied. AGE should be s DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. N. B.—Every item CAUSE OF Important. 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

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ath occurred in or Institution,

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	FULL NAME Thomas Lie	Cerawford ot street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	EX COLOR OR RAGE SINGLE, MARRIED, WIDWED, ORDIVORCED (Write the word)	(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from
	### ATE OF BIRTH ### ### ### ### ### ### ### ### ### #	frue 10 2, 1912 to Wearch 6 2, 1915; that I last saw home alive on March 6 2, 1915
7 A	GE It LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at // - // m, The CAUSE OF DEATH* was as follows: Clyonic bolundar Dream of tu
D pa (b) bus wh	OCCUPATION) Trade, protession, or graveling Lalesman ricular kind of work) General nature of industry, Frank Lables Share Kans siness, or establishment in ich employed (or employer) IRTHPLACE (State or country) Howard los- Wed	Deart - astic Slewsis - rintell Sucompelency - (Duration) 2 yrs. I mos. ds. Contributory Congestin of the Lungs - Remofily so Secondary was even and secondary long and
PARENTS	10 NAME OF FATHER Thomas leantfois 11 BIRTHPLACE OF FATHER (State or country) Moulgowery lo. Wed, 12 MAIDEN NAME OF MOTHER Many 6, Benson	(Signed) Serve J. Heggs , M. D. March 6 191.5 (Address) Januaville Und *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Twonlgowy Cos, Wes, THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Worked Mus J. L. Crawford	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted, if not at place of death? Former or usual residence.
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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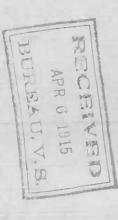
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[Approved by U. S. Census and American Public Health Association.]

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Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

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Village of City Januarill (No. St.; Ward) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MONOTON (Month) (Day (Year) MONOTON (Month) (Day (Year) MEDICAL CERTIFICATE OF DEATH M
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 17 I HEREBY CERTIFY, That I attended deceased from the late stated above, at 1 - 45 a. 191. (Month) (Day (Year) TAGE 18 LESS fhan and that death occurred on the date stated above, at 1 - 45 a. 191.
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX COLOR OR RACE MARRIED, WIDOWED, WIDOWED (Write the word) B DATE OF BIRTH MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 17 I HEREBY CERTIFY, That I attended deceased from the late stated above, at 1 - 45 a. 191.5 (Month) (Day (Year) TAGE If LESS fhan and that death occurred on the date stated above, at 1 - 45 a. 191.5
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word) 6 DATE OF BIRTH 12 - 5
MARRIED, Willower, ORDIVORCED (Worth the word) 6 DATE OF BIRTH 12 - 5 , 1864 (Month) (Day (Year) (Month) (Day (Year) TAGE MARRIED, Warrel (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from the late stated above, at 1 - 40 a
Much 64, 1913, to Warch 134, 1913 (Month) (Day (Year) TAGE Month 12 - 5
(Month) (Day (Year) that I last saw how alive on Warch 13 4, 191.
7 AGE If LESS than and that death occurred on the date stated above, at 9 - 40 a.
Jyrs mos. 8 ds. 1 day,hrs. or The CAUSE OF DEATH * was as tollows:
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(a) Trade, profession, or rachina.
(b) General nature of Industry, business, or establishment in Balluion Folus Railroa (Duration) yrs. mos. 7 which employed (or employer)
9 BIRTHPLACE (State or country) Loudon Co. Var Eudocartal and municipal infection (Duration) yrs mos 4
10 NAME OF John J. Davis (Signed) Grange H. Riggs H.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OTHER OF MOTHER OF MOTHER OTHER OT
of Mother Way & Coleman 18 1 ENGTH OF RESIDENCE (FOR HOSPITALE INSTITUTIONS TOWNS
13 BIRTHPLACE OF MOTHER (State or country) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place of deathyrsmosds. Stateyrsmos
(Informant) The Above is true to the Best of My Knowledge (Informant) Where was disease contracted, If not at place of death? Former or usual residence
(Address). Facurously Red. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 Hamsuilly Md. 3-15,191
Filed Moh. 1915 Star Paylor 20 INDERTAKER ADDRESS, MARCH & MAR

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PHYSICIANS should of OCCUPATION

RECORD

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. It death occurred inWard) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, Wedger (Month) (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH , 191 to M (Day) (Month) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: OR ? secretica. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (Secondary) (State or country) (Duration)yrs..... 10 NAME OF FATHER 7., 191. J. (Address) 11 BIRTHPLACE ENT OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs. Where was disease contracted. It not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Regis trar, 6 E. Franklio St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. tion is very important, so that the relative Realthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman."

Statement of cause of death—Name, first, the disease causing death—It respect to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cblidbirth or miscarriage as "Pubbeberal septichae-mia," "Pubbeberal peritonitis," etc. State cause for ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. etc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomencia. "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent "Old Age," "Shock," 'Traemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing "Senile." (Recommendations on statement of may be stated under the head etc.), "Dropsy," "Exhaustion," __ (name origin; "Candeath), 29 ds.: Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 8 1915 BUREAU, V.S.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS V. S. No. 1.

N.B.

PLACE OF DEATH County Individed. Village or City Walkerwill (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. [if death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIBOWED, WIBOWED, WIBOWED, WIRTH DATE (Month) (Month) (Day) (Teap)	16 DATE OF DEATH March, 22 , 1915. (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from 20, 1915, to March 22, 1915, that I last saw h alive on Honels 22, 1915
AGE If LESS than 1 day,	and that death occurred on the date stated above, at 6 mm. The CAUSE OF DEATH * was as follows?
COCCUPATION (a) Frade, prefession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs mos ds. Contributory Fall (Secondary)
10 NAME OF FATHER Adam Niefl 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Deration) yrs mes. ds. (Signed) , 191 (Address) Make old Ma. *State the Disease Causing Death, or, in deaths from Violent Causing, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS: INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence
Filed neh 23, 191 of Amilian REGISTRAR	Mondaturo Int Doll. mar. 24, 1916. Pulman & Barton Wulferswice

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

CAUSINO DEATH, state occupation at beginning of illminc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the niseass Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Never return "Laborer," "Foreman," If the occupation has Farmer or Planter,

Statement of cause of death—Name, first, the nibrase causin neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum,

cause. Always qualify all diseases resulting from cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Purperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUEEPERAL scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mall; oma. Sarcoma. etc., of ... ture of the American Medical Association.) -Hart fallure," "Haemorrhage," "Inanition," "Maras-The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Never report Examples: For vio

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APR 3 1915 BUREAU, V.S.

should state	Co	PLACE	OF DEATH		(v		STATE OF MAR RTIFICATE OF	DEATH
RECORD PHYSICIANS S	Vi	llage or City	MAME St.	Enry C	Biehan	1 Doney	St.; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
		PERSONA	L AND STATISTIC	CAL PARTICUL	ARS	MED	ICAL CERTIFICATE OF	DEATH
N RESERVED FOR BINDING H UNFADING INK—THIS IS A PERMANENT so carefully supplied. AGE should be stated EXACTLY. so that it may be properly classified. Exact statemen of certificate.	e c	DATE OF BIRTH AGE COCCUPATION a) Trade, protession, or articular kind of work b) General nature of Indisiness, or establishmi	dustry, nent in loyer)	(Day mos. 2.7 ds.	1836 (Year) If LESS than 1 day,hrs. ORmin. ?	that I last saw hea	an alive on	Day (Year) attended deceased from A 1915, 1915, above, at 7, a m. A Nefeliation yrs mos ds. Grandle, M. B.
WRITE PLAINLY, WITH N. B.—Every Item of information should be CAUSE OF DEATH in plain terms, si important. See instructions on back o	15	11 BIRTHPLACE OF FATHER (State or co 12 MAIDEN NA OF MOTHER 13 BIRTHPLACE OF MOTHER (State or co THE ABOVE IS TE (Informant) (Address)	ountry) Ma	rylan rah d erylan T OF MY KNOW Gerrin y R. L.	Dorsey LEDGE LEDGE LA LA LA LA LA LA LA LA LA L	*State the DISEA CAUSES, state (1) TAL, SUICIDAL, or 1	MEANS OF INJURY; AN HOMICIDAL. DENCE (FOR HOSPITALS, NTS) In the mos	in deaths from VIOLENT 1 (2) whether ACCIDEN- INSTITUTIONS, TRANSIENTS, yrs,
	1)	If more bianks a	are needed, addr	ess State Regist	rar, 6 E. Franklin St.,	Balto., Requesting V. S.	No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. cated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planler, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Colton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are cugaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the deal; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The coutributory (secondary or intercurrent) tclanus) may be stated under the head of Meastes (disease causing death), 29 ds.; "Scnile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," etc. State cause for For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS

A PERMANENT RECORD

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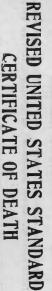
1 PLACE OF DEATH Village or City State Panatorum

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No....

> St .: ..Ward)

[If death occurred in a hospital or lostitution. give its NAME Instead of street and number.]

- TULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Wilder or Bright White White Or Wilder or William William (Write the word)	(Month) (Day (Year) THEREBY CERTIFY, That I attended deceased from
Teb. 9,881 (Month) (Day (Year)	Th. 8 , 1915, to March 22, 1915, that I last saw here allve on worch 22, 1915
7 AGE 34 yrs 1 mas 13 ds or min.?	and that death occurred on the date stated above, at 12:25 Pm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry,	Pulmong Tolenbons
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Gontributory Description yrs 5 mos ds. Secondary
10 NAME OF James Dorsey	(Signed) W. Howard Jerger, M. D.
OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Manyland.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of deathyrs,mos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) At The Above is true to the Best of MY KNOWLEDGE (Informant)	Where was disease contracted, if not at place of death? Former or usual residence, 73/M. Pollena. Park fire Bolly, red
16 Filed Spart 1: 1916. C. A Sterr	30 UNDERTAKER ADDRESS DATE OF BURIAL DATE OF BURIAL ADDRESS
If more blanks are needed, address State Registra	M. L. Cleage. Thurward, had



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. causing death, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canchildbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genltal," "Senlle," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need now be stated unless important. valvular heart disease; Chronic interstitial nephritis, lnjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report

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BUREAU, V.S.

PHYSICIANS should of OCCUPATION IS RECORD PERMANENT THIS properl AGI INK pe UNFADING certificate. 80 5 WITH 0 EAT WRITE Q 0 Important. Every ite

3723 STATE OF MARYLAND PLACE OF DEATH Very CERTIFICATE OF DEATH Registration Dist. No. Tif death occurred la St: Ward) a hospital or institution. give Its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Write the word) I HEREBY CERTIFY, That l attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: OR . . . min. ?mos...... 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME ATH in plain instructions o OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death yrs. mos. ds. Sfate _____ grs. ____ mos. ___ ds Where was disease contracted. KNOWLEDGE If not at place of death?... Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRA If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Mauager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an material worked on may form part of the second (a) Spinner, (b) Collon mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stalionary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planler, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (relired 6 yrs.) For persous "Laborer," As examples: "Foreman," (4)

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RECEIVED
APR 6 1915
BURBAU, V.S.

V. S. No. 1.

RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A

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Gounty Theclered	3724 STATE OF MARYLAND CERTIFICATE OF DEATH
County County	Registered No. / 3/
* FULL NAME Infact ?	give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE Surgle MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 ! HEREBY CERTIFY, That I attended deceased from
Month (Day) (Year)	mar '0, 1915, to 191 , that I isst saw have alive on 191
AGE If LESS than 1 day, Q.hrs. OR. Dmin.?	and that death occurred on the date stated shove, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Death in uters
(b) General nature of Industry, business, or establishmenf in which employed (or employer)	(Duration) yrs. mos. ds.
BIRTHPLACE (State or country) Manyland	Contributory (Secondary) (Daration) yrs mos ss.
10 NAME OF William Dumore	(Signed) 6.S. Brooks, M.D. 3-10,1915 (Address) 100-6.5 th
OF FATHER (State or country) Mooryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Manghants	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) LOOMELICA GOLE	Where was disease contracted, if not at place of death? Former or usual residence
6 (Address) T. N. Benty St.	19 PLACE OF BURIAL OR REMOVAL BOUNDATE OF BURIAL Been 1, 1915
Filed March 191 5 Ora J. M. Dursday	Thomas T. Roice Frederick

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenciasepsis, tetunus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrernal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart fallure," "Haemorrhage," "Inaultion." "Marasgenital," "Senile," etc.), mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgvalvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... The contributory (Recommendations on statement of (secondary or Intercurrent) "Dropsy," "Exhaustion," _ (name origin; "Candeath), 29 de., State cause for Examples:



V. S. No. 1.

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1 PLACE OF DEATH

of Echinger

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[if death occurred in a hospital or lostitution, give its NAME Instead of street and number.]

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AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE, MARRIED, WIDOWED, MARRIED, WIDOWED,	16 DATE OF DEATH Meach 13, 1915
While ORDIVORCED (Write the word)	(Month) (Day (Year)
(write the word)	17 I HEREBY CERTIFY, That I attended deceased from
O . Gal	Jan. 23, 1915, to Woul 13, 1915,
June 13 , 1894	that I last saw h ev allye on march 13 1915
(Month) (Day (Year)	
_	and that death occurred on the date stated above, at Sispm,
) yrs 9 mos ds 1 day, hrs. OR min.?	The CAUSE OF DEATH* was as follows:
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Housewife	Fulmonoy Toberelous.
NO COLEMAN	***************************************
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ot in	(Duration) yrs. mos ds.
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acolos Quin.	(Signed) N. Howard yeager. H.D.
0	mouh 13, 1915 (Address State Danolonin Med
intry) Lerwan	
intry) de ruouy.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
ME SO DAD	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Olysbeth Dietr	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
00	OR RECENT RESIDENTS) At place In the
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UE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted to know.
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to Day Inni h 1	10
ate Danalowin, Ind.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
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1915 6 A. Sleve	20 UNDERTAKER ADDRESS
REGISTRAR	M. S. Creoals. Therword heel.
are needed, address State Regist	rar, 6 E. Franklin St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis. Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerpenal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the geuital," "Senile," etc.), mere symptoms or terminal conditions, such as "As ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the deut; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secoudary), 10 ds. The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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_;		N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY should state CAUSE OF DEATH in plain terms, so that it may be properly classified. ExOCCUPATION is very important. See instructions on back of certificate.
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Village or City Munits burg (No	Registration Dist. No. St.; Ward) [It death occurred in a hospital or institution, give its NAME instead
FULL NAME TOMUS OV	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SINGLE, MARRIED, MIDOWED OR DIVORCED OR	16 DATE OF DEATH (Month) (Day) (Year)
Dart Month (Day) (Year) AGE (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 1 day, hrs. OR min.?	that I last saw h alive on Alaks 2, 191 J, and that death occurred on the date stated above, at 230 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Duration) yrs mos S ds. Contributory J. Contributory
10 NAME. OF FATHER THE FACELY 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) Oursion) yrs mos. ds. (Signed) Old Oursion Address Of 12 772 Oursion M. 0. "State the Disease Causing Death, or, in deaths from Vigner Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of deathyrs
(Informant View (3 g. Brodley	If not at place of death?
Filed Mc1, 22, 1915 If more blanks are needed, address State Registrar.	Washing for D. 6, McM2 4, 191 5. 20 UNDERTAKER 16 W. Saratoga St., Balto., Reguesting V. S. No. 1. 71

[Approved by U. S. Census and American Public Health Association.]

6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by SUICIDAL, or HOMICINAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, on Nomenclature of the American Medical Association.) Struck by railway train-accident; Revolver - wound surgical operation was undertaken. For violent peatis "PUERPERAL peritonitis," etc. birth or miscarriage as cause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," eough; Chronic valvular heart disease; Chronic interstitial chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Senile," etc.), The contributory (secondary or intercur-"Puerperal septichaemia," "Dropsy," "Exhaustion, carbolic acid—probably State cause for which "Atrophy," ("Con-



4 is very	1 PLACE OF DEATH County Free County	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. / 3 /
OCCUPATION	Village or City Frederich (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
o ti	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Exact statement	SEX 4 COLOR OR RACE MARRIED, Widowed Willowed Willowed (Write the word) 6 DATE OF BIRTH 4 COLOR OR RACE MARRIED, Widowed ORDWORCE (Write the word) 1826	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from March 1915, to March 25, 1915, that I last saw h a alive on March 25, 1915
classified	(Month) (Day) (Year) 7 AGE 8 9 yrs	and that death occurred on the date stated above, at S m. The CAUSE OF DEATH * was as follows:
may be properly	a) Trade, profession, or particular kind of work. (b) Beneral nature of Industry, business, or establishment in which employed (or amployer)	(Duration) 3 yrs. mos. ds.
= 5	9 BIRTHPLACE (State or country) Maryland	(Secondary) (Duration) yrs. mos. ds.
so that	10 NAME OF Thos. M. Whitter	(Signed) (Address) Fred (Md
terms, on back	OF FATHER (State or country) Maryland 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSINS, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
H in plain	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs. mos. ds. State yrs, mos. ds.
F DEATH See Instr	(Informant) Clear Firestone (Sou)	Where was disease contracted, It not at place of death? Former or osual residence.
CAUSE OF	(Address) 1911 W. Fayette St., Ballimon. 18 Filed. 3 / March 91 5 June 9 Millania. REGISTARS	19 PLACE OF BURIAL OR REMOVAL Mt. Clivit Country 20 UNDERTAKER ADDRESS Frederich
	If more blanks are meeded, address State Regists	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary); may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-irospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinlosis of lungs, meninges, peritonaeum, etc.. Carcinlosis

such, if impossible to determine definitely. nuus," "Oid Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Ohronic interstitial nephritis injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronia cer" is less definite; avoid use of "Tumor" for malk: oma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vic-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) ... (name origin; "Can-State cause for Examples: d8.;



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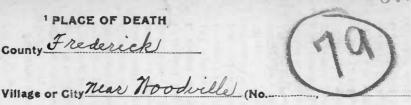
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WRITE

02

1 PLACE OF DEATH County Fredericks



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

-Ward)

Ilf death occurred is a hospital or institution, give Its NAME instead of street and nomber.]

omes & Foale PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. Widowe (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) TAGE and that death occurred on the date stated above, at 7.45 F. m. if LESS than 1 day hrs. The CAUSE OF DEATH* was as follows: BOCCUPATION (a) Trade, profession, cr particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE O 551915 (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) of death _____ yrs. ____ mos. __ State _____ yrs, ____ Where was disease contracted. if not at place of death?-Former or usuai residence ACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 UNDERTAKER ADDRESS FILED.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speciit should be used only when needed. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing nearly (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., scpsis, totanus) may be stated under the head of such, if impossible to determine definitely. Examples: ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." LENT DEATHS State MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopmcumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-



N. Committee of the com	3729
PLACE OF DEATH	STATE OF MARYLAND
town Trederick	CERTIFICATE OF DEATH
9	Registration Dist. No. / 31
Village or City Trederick (No. 131)	St.; Ward) [It death occurred a hospital or institution give its NAME institution of street and nomber
2FULL NAME MENAEC 10	· Voge
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, MARRIED, WILLIAM	16 DATE OF DEATH March 19, 19
Mace word (Write the word)	17/ I HEREBY CERTIFY, That I attended deceased f
B DATE OF BIRTH THE THE THE THE THE THE THE THE THE T	Cept 27 1914 to March 19 191
March 14, 1915	that I last saw home allye on March 18 19
(Month) (May Year) AGE It LESS than	740
64 3 2 t dayhrs.	and that death occurred on the date stated above, at
yrs mos Z ds. OR min.?	Carcinana of Bladdes as
BOCCUPATION (a) Trade, protession, or	Prostate Aland
Sparticular kind of work	
(b) General nature of Industry, business, or establishment in	(Burntlan) was of man \$
which employed (or employer)	(Duration) ys O mos.
9 BIRTHPLACE (State or country) Maryland	Candiary Catheria (Buration) yrs mos
10 NAME OF Mcholus Fage	(Signed) Heuring
11 BIRTHPLACE OF FATHER	Mch/9, 1918 (Address) Ludenda,
(State or country) Mary Law	*State the Disease Causing Death, or, in deaths from Vio Causes, state (1) Means of Injury; and (2) whether Acc. TAL, Suicidal, or Homicidal.
OF FATHER (State or country) Mary Land 12 MAIDEN NAME OF MOTHER Chiabeth Witte	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI
13 BIRTHPLACE OF MOTHER (State or country)	At place In the ot death yrs mos ds. State yrs mos
14 THE ABOVE ISTRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
In Jack Vou	It not at place of death?
(Interment)	usual residence
(Address) Treservel, Mrs.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 10 M / 10 0 M - 1	20 UNDERTAKER ADDRESS ADDRESS
FILED T / Carefull College Time I College	
REGISTRAN	istray, 6 E. Franklin St., Balto., Reducting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the tication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is ucc-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, c. g., Farmer or Planler, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (relired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State cause for childbirth or misearriage as "Puerperal seplichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds., affection need not be stated unless important. valvular heart disease; Chronic interstilial nephrilis, oma, Sarcoma, etc., of..... (name origin; "Can-Accidental drowning; Struck by railway train-acciis less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) lclanus) may be stated under the head of "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For vio



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pialn terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH	3730 STATE OF MARYLAND
County The derect ('	CERTIFICATE OF DEATH
	Registered No. /30
Village or City bus of Rocks (No.	St; Ward) [It death occorred in a hospital or loadifutico,
* FULL NAME mary Elizabeth	give its NAME lostead of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX COLOR OR RACE SINGLE, MARRIED, Medones OR DIVORCED (Write the word)	16 DATE OF DEATH Meh 20, 1919 (Month) (Day) (Year)
S DATE OF BIRTH William W	17 I HEREBY CERTIFY, That I attended deceased from 1912, to McL J 1911
(Month) (Day) (Year)	that I last asw her alive on Mch 1 191 V
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated shove, stm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or Mi Jwhe	Frule Dibility
(b) Denoral nature of Industry, business, or establishmeot lu which employed (or employer)	(Duration)
State or country) mo	Contributory (Secondary) (Doration) yrs mos ds
10 NAME OF Sevon Hopewill	(Signed) Restable to mos. ds.
VI 11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, OF In deaths from Vicinia
of Mother Anno King	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place in the ot death yrs mos ds. State yrs mos ds.
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, It not at place of death? Former or osoal residence
(Address)	19 PLACE OF BURIAL OR REMOVAL MIL DATE OF BURIAL Solver of Place of Burial 22, 1915
Filed to work 9.0, 1915 M. Malhin rapriell M.D.	10. O. Elchison Vitterson ma
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 12



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. heen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (a) the kind of work and also (b) return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing diffection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ample: Measics (disease causing death), 29 ds.; cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Never report For vio-



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No [If death occurred in -----Ward) a hospital or institution, give its NAME instead ot street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE 3 SEX 5 SINGLE, DATE OF DEATH MARRIED. WIDOWED. (Month) ORDIVORCED Word I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day 7 AGE if LESS than t day.....hrs. OR min. ? BOCCUPATION (a) Trade, profession, or Sparticular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary (Duration) 10 NAME OF FATHER (Signed ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place OF MOTHER (State or country THE ABOVE IS TRUE usual residence DATE OF BURIAL (Address) 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED LEWY

statement PERMANENT EXACTLY. Exact classified. properly may be that It 80 DEATH in plain terms. CAUSE OF

certificate.

of

Instructions on back

See

Important.

B

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No.

PARENT

15

PHYSICIANS should state

RECORD

County.

Village

3 SEX

7 AGE

6 DATE OF BIRTH

8 OCCUPATION

(a) Frade, protession, or

particular klod of work

⁹ BIRTHPLACE (State or country)

10 NAME OF FATHER

OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country

(Intermant)

(Address)

OF MOTHER

(b) Geoeral nature of industry,

business, or establishment lo

which employed (or employer)

² FULL NAME

PLACE OF D	EATH	
Trede	nik	1,30
21	. /	
or City Mai	Kersville	(No,
	, , ,	12 1

S SINGLE,

MARRIED, WIDOWED,

Write the word)

25

(Day)

ma

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 153
	- 10 4.	H # W 41111111111111111111111111111111111

The second secon	
St.;Ward)	[if death occurred is a hospital or institution
	give its NAME Instead

ADDRESS

If LESS than and that death occurred on the date stated above, at the Cause of Death was an follows: Contributory	eny.	Julton.	of street and number. I
17 I HEREBY CERTIFY, That I attended deceased 1919, to March 19 If LESS than day, hrs. or, in deaths from VIOLICAUSES, state (1) MEANS OF INJURY; and (2) whether Accided that I last saw has a loss of the last state of above, at the last saw has a loss of last state of above, at the last saw has a loss of last state of above, at the last saw has a loss of last state of above, at the last saw has a loss of last state of above, at the last saw has a loss of last state of above, at the last saw has a loss of last state of above, at the last saw has a loss of last state of above, at the last saw has a loss of last state of above, at the last saw has a loss of last state of above, at the last saw has a loss of last state of above, at the last saw has a loss of last state of above, at the last saw has a loss of last state of above, at the last saw has a loss of l	1	7	
17 I HEREBY CERTIFY, That I attended deceased (Year) If LESS than and that death occurred on the date stated above, at the contributory of the c	arried	16 DATE OF DEATH March	(Day) (Your)
if LESS than and that death occurred on the date stated above, at the CAUSE OF DEATH* was an follows: Contributory (Secondary) (Duration) (Duration) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidents and that death occurred on the date stated above, at the contributory of the capture	1834	17 I HEREBY CERTIFY, That I atte	ended deceased from
(Signed) State the DISEASE CAUSING DEATH, or, in deaths from VIOLI CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDITAL, SUICIDAL, or HOMICIDAL.	(Year) f LESS than day,hrs.	and that death occurred on the date stated abo	/
(Signed) (Signed) (Signed) (State the DISEASE CAUSING DEATH, or, in deaths from VIOLI CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDIAL, SUICIDAL, or HOMICIDAL.		***************************************	**************************************
(Signed) (Address) (Addres	••••	Contributory arterial Selection (Secondary)	in ers
CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCID TAL, SUICIDAL, OF HOMICIDAL.		(Signed) A. D. Micogenia	, M. D
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSI	. ,	CAUSES, state (1) MEANS OF INJURY: and (2)	eaths from VIOLENT whether Acciden-
OR RECENT RESIDENTS) At place of deathyrs mos ds. Stateyrs mos Where was disease contracted, If not at place of death?	GE	At place In the of death yrs mos ds. State y Where was disease contracted,	/rs, ds
Former or usual residence	2	Former or usual residence	

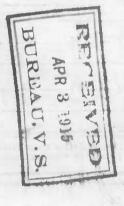
20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

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	1 PLACE OF DEAT	H	STATE OF M	ARYLAND
	County Frederics	l /	CERTIFICATE	OF DEATH
	<i>c</i>	15	Registration	Dist. No. / 3 4
	Village or City Comme	tsling (No.	St.; Wa	give its NAME instead
=	FULL NAME	alice Germon,	Vister Mary Vincen	of street and number.]
	PERSONAL AND STA	TISTICAL PARTICULARS	MEDICAL CERTIFICATI	OF DEATH
	Jemale Hil	RACE SINGLE, MARRIED, WHOWES, ORDINORED (Write the word)	18 DATE OF DEATH (Month)	10ay (Year)
	6 DATE OF BIRTH	12 th 122	11 1	azal 20 , 191
1.		fonth) (Day (Year)	that I last saw h.Q.L. alive on Max.	1 dr 21 , 191 5
	7 AGE	13 ds. lt LESS that 1 day,hrs	and that double occurred on the date st	
16	particular kind of work	ligious, Jeacher	Jenilety	**************************************
	(b) General nature of Industry, business, or establishment in which employed (or employer)			yrs. mos Z ds.
	9 BIRTHPLACE	Orleans, La.	Gontributory Valvalus Secondary	
	10 NAME OF FATHER Peler	Gernon	(Signed) John B. Bu	yrs mos. 70 as.
	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	in knows	*State the Disease Causing Death Causes, state (1) Means of Injury	or, in deaths from Violent
	M 12 MAIDEN NAME OF MOTHER	lia Uriell	18 LENGTH OF RESIDENCE (FOR HOSPIT	
	13 BIRTHPLACE OF MOTHER (State or country)	Monone	At place in to death yrs mos ds. Sta	
1	(Informant) Sester Ber	E BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place ot death? Former or	
	(Address) St-Joseph	I Peadeny Emotstuy	usual residence	PATE OF BURIAL
	16 File Nel 27, 1915	m. F. Lhuff	Stolers of Charity Cernet	ADDRESS
_		Local REGISTRAR	Jacob I Topper & Fore	Camelaburg Ind
	If more bl	anks are needed, address State Reg	istrar, 6 E. Franklin St. Balto., Requesting	V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING NEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care material worked on may form part of the second Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But in many As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio-tent deaths state means of injury and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



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1 PLACE OF DEATH county trederie

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

....Ward)

Ilf death occurred in a hospital or institution. give its NAME Instead

of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) (Day (Year) TAGE it LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER PARENTS OF FATHER
(State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE OF MOTHER DATE OF BURIAL March 16 15

REGISTRAS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Bato., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. dutles of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or ludustry, and therefore an applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salcsman, "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to dctermine defiultely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," ctc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of..... The contributory Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report



N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Herederick	Registration Dist. No.
Village or Gity No	St.;—Ward) [It death occurred is a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, not known or Divorce (Write the word)	16 DATE OF DEATH 3 (Month) (Day (Year)
TAGE Worth Obay (Month) (Day (Year) Tage About About Obay Tage Obay that I last saw have alive on march 4 1915 and that death occurred on the date stated above, at 156 m. The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or Stone Quarymone particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Performance (State or country) Linktonown	(Duration) yrs mas / t ds. Contributory Quite Infliction Secondary
10 NAME OF FATHER LINKHOWN 11 BIRTHPLACE OF FATHER (State or country) Mukinown 12 MAIDEN NAME OF MOTHER MAKINOWN	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Unknown 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Clink, Rice (Address) Firederick Md	At place of death yrs. mos. 72 ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Morely 1915
Filed 191 REGISTRAR If more blanks are needed, address State Regist	20 UNDERTAKER APPRESS THE CLUBBLE LTAR, G. E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. Never return "Laborer," additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) **Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and cousequences (c. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhanstion," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tnmor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of



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See instructions on back

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3736 STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No

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Villaga	or	City	, orcare	un

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FULL NAME acurae Elizatell.	1/Elfinder
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PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
35		16 DATE OF DEATH March (1, 1915) (Month) (Day) (Year)
60	(Month) (Day) (Year)	17 I HEREBY GERTIFY, That I attended deceased from Mesch 5' 1915' to March 11 , 1915' that I last saw him alive on March 11 , 1915'
7 A	GE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 7 10 m The CAUSE OF DEATH * was as follows:
pa pa (b) bus wh	CCUPATION) Trade, profession, or ricular kind of work. General nature of industry, liness, or establishment in ich employed (or employer) IRTHPLACE tate or country) RECUPATION RECUP	(Duration) yrs mos 7 ds Gontributory (Secondary)
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME (State of Country)	(Signed) (Si
PAR	13 BIRTHPLACE OF MOTHER (State or country) Freelerich MA	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds.

ate yrs, ____ mes. ds. Where was disease contracted, If not at place of death?-

Former er osuai residence

19 PLACE	OF BURIAL	OR	REMOV	AL
	mi.	,		1

DATE OF BURIAL

ADDRESS

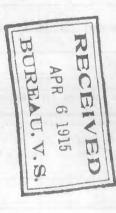
If more blanks are needed, address State Registrar, & E. Franklin St., Balto. Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerral septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowice oma. Sarcoma. etc., of _______ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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RECORD

1 PLACE OF DEATH 373 STATE OF MARYLAND CERTIFICATE OF DEATH Horadenele Registration Dist. No. [If death occurred la a hospital or Institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. widowed. Wellewe ORDIVORCED (Write the word) (Day (Year) (Month) I HERESY CERTIFY, That I attended deceased from DATE OF BIRTH 833 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at... 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 0 terms, PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 00 12 MAIDEN NAME instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ____ yrs. ___ mos. ___ ds. State _____ yrs. ____ mos. __ Where was disease contracted. of i If not at place of death?. Former or Every Item CAUSE OF Important, S usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 Moan 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

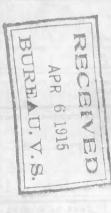
cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers been changed or given up on account of the disease gainfully employed, as At school or At home. who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeinus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic oma, Sareoma, ctc., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Hacmorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accietc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Dr. T. B. Johnson



202

state Very OCCUPATION IS PHYSICIAN RECORD PERMANENT classified properly ш pe UNFADING certificate. of back ITH In plain Instructions WRITE See Q POF mportant. Every It ż

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. lif death occurred inWard) a hospifal or Institution. give its NAME instead of sfreef and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, Q 3 SEX 16 DATE OF DEATH MARRIED, (Month) ORDIVORGED (Write the word) (Dav HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country of death _____ yrs. ____ mos. ___ ds. State yrs. ... Where was disease contracted. If nof at place of death? Former or usual residence DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

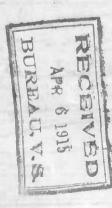


[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necof persons engaged in domestie service for wages, as gainfully employed, as At schoot or At home. Care who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Day taborer, Farm laborer, Laborer-Coal Groccry; (a) Foreman, (b) Automobite factory. Civit engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr rcturn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mitt; (a) Satesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

eause of death approved by Committee on Nomenelainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," childbirth or misearriage as "Puerreral septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopnoumonia (seeondary), 10 ds. Never report valvular heart disease; Chronic interstitiat nephritis, nant neoplasms); Meastes; Whooping cough; Chronie eer" is less definite; avoid use of "Tumor" for mallyoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." by earbotic acid-probabty suicide. The nature of the dent; Revotver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertalned as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conaffection need not be stated unless important. Accidentat drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Scuile," etc.), "Dropsy," "Exhaustion," (Recommendatious on statement of etc. State eause for For VIO-



Exact statement PERMANENT EXACTLY. classifled. 4 pe INK-THIS AGE supplied. pe UNFADING carefully b that it WITH hould PLAINLY. plai of Information ۳ DEATH WRITE

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terms.

certificate.

back

Instructions

See

item 10 CAUSE OF

-Every

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No. 30 PARENTS

15

BOCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE

(Address)

THE ABOVE

(Informant)

OF FATHER (State or country)

OF MOTHER (State or country

(b) General nature of industry,

business, or establishment in

which employed (or employer)

state Very

60

PHYSICIANS should of OCCUPATION IS

RECORD

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (No. -Ward) FULL NAM PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 3 4 COLOR OR RACE S SINGLE, DATE OF DEATH MARRIED, WIDOWED, ORDIVORCED (Write the word) DATE OF BIRTH (Month (Day 7 AGE If I f da

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If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

DATE OF DEATH	mos	9	191
	(Month)	(Day	(Year
mos / HEREE	1915, to	I attended d	leceased fr
that I last saw h	alive on mor	2_	, 191
and that death occurred	on the date state	d above, at	5.40A
The CAUSE OF DEATH	0/4 4/10	Faceu	MIL
Yaraly	rec.	House	TPe
	**************************************	*************	1102
~ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(Duration)	угз	mos
	(Address) Bru	unsu	rch
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OF HOM	CAUSING DEATH, OR ANS OF INJURY; a HICHAL.	r, in deaths and (2) when	from Viol
18 LENGTH OF RESIDE OR RECENT RESIDENTS. At place of deathyrsmo Where was disease contracted, if not at place of death?	s ds. State	s, Institution	
Former or usual residence			9900 00000 0000 0000 0000 0000 0000 00
19 PLACE OF BURIAL O	RREMOVAL	DATE OF	BURIAL
1 - 1			
Amorely 20 UNDERTAKER	my	Inch .	5 191

Ilf death occurred in

a hospital or institution, give Its NAME Instead of street and number.]

[Approved by U. S. Censns and American Public Health Association.]

ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons -Precise statement of occupa-As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably The contributory (Recommendations on statement of (secondary or intercurrent)



	THE STATE OF THE S	RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP Important See Instructions on have of continued.	be stated EXACTLY.	PHYSICIAN

N.B.

S should state ATION is very Village or City State Savalogium

2FULL NAME Cudiew W. Hoffwar.

PERSONAL AND STATISTICAL PARTICULARS

M

3 SEX. 4 COLOR OF PACE | 5 SINGLE.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 13

...St.;.....Ward)

[If death occurred in a hospital or lostitution, give its NAME instead of street and number ?

²FULL N	AME Cudiew W. No	ffwar.	······
PERSONAL	AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
mole W	oLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month)	/0 ,1915 (Day (Year)
6 DATE OF BIRTH	Office 15, 1895	that I last saw h wally on mo	1 attended deceased from such 10, 1915, usch 10, 1915
7 AGE 19	It LESS than 1 day,hrs.	and that death occurred on the date state The CAUSE OF DEATH* was as follows:	2'00
8 OCCUPATION (a) Trade, protession, or particular kind of work	Ohrpung Clark	Polinonory To	Unilons
(b) General nature of Indus business, or establishment which employed (or employe BIRTHPLACE (State or country)	ln .	Contributory Pressured	yrs mos ds.
10 NAME OF FATHER	H. Hoffman,	(Signed) M. Howard	eoge , M. D.
Z 11 BIRTHPLACE OF FATHER (State or cour L) 12 MAIDEN NAME OF MOTHER		*State the DISEASE CAUSING DEATH; O CAUSES, state (1) MEANS OF INJURY; a TAL, SUICIDAL, OF HOMICIDAL.	r, in deaths from VioLent and (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or coun		18 LENGTH OF RESIDENCE (FOR MOSPITALS OR RECENT RESIDENTS) At place In the ot death	Lelo:
(Informant)	1. Hardner	Where was disease contracted, Culturellit not at place of death? Former or usual residence 1314 Houford.	ave Bolly, m
16 Flied Man 20	1915: l A Sleans	20 UNDERTAKER Colorary	DATE OF BURIAL , 1917 ADDRESS
) I	f more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto. Requesting V. S	S. No. 1.

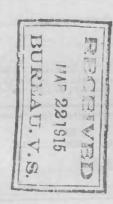
[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary fireman, etc. For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: But in many "Foreman," (4)

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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RECORD PERMANENT classified. THIS properly INK supplied. pe UNFADING may 80 terms, plai = WRITE

PHYSICIANS should of OCCUPATION IS ŏ back Instructions See instru Every Item CAUSE OF Important. S

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Treduck Registration Dist. No. 145 Village or City Nead My untill (No I'll death occurred in St.:....Ward) a hospital or institution. give Ifs NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 9-30 + 1 day,....hrs. The CAUSE OF DEATH * was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) yrs mos ds which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State _____ yrs, ____ mos. Where was disease confracted, 14 THE ABOVE IS TRUE TO If not at place of death?... Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Myssoull 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lunys, meninyes, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Asample: Measics (disease causing death), 29 ds.; affection used not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Coutributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichae-Bronchopneumonia The contributory tetanus) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (secondary), 10 ds. (secondary or intercurrent) State cause for Never report For vio-



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very PERMANENT UNFADING INK-THIS IS carefully supplied. N. B.—Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it main important. See instructions on back of certificate. WRITE PLAINLY, WITH

¹ PLACE OF DEATH	
PLACE OF DEATH	69
illage or City Hote Panale Hour	6
Louis Hornita	

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred to a hospital or institution, give its NAME instead of street and number.]

FULL NAME TO COST	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White (Write the word)	18 DATE OF DEATH)Warch 3/, 1915. (Month) (Day (Year)
6 DATE OF BIRTH March 17, 1881 (Month) (Vay (Year)	HEREBY CERTIFY, That I attended deceased from Jav. 11, 1915, to Ward 31, 1915, that I last saw h Java alive on Ward 31, 1915
7 AGE 34 yrs 0 mos 4 ds. 1 LESS than 1 day,hrs. 0Rmin.?	and that death occurred on the date stated above, at 11.06P m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Pulmonny Aberaloss
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) / yrs. 4 mos. 13 ds.
9 BIRTHPLACE (State or country) New York,	Secondary (Duration)
10 NAME OF FATHER Sace Norwitz	(Signed) W. Howardyeager , M. D. March 3/, 191 5 (Address) State Danslorum, Ind.
(State or country) Curople Maiden NAME OF MOTHER Ussil Tiddle	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos ds. State yrs, mos ds. Where was disease contracted, /
(Informant) W. a. Hardues,	Former or usual residence 402 Curtes ave, Balto, mid.
16 Filed Mil 1. 1915: Out Stern REGISTRAR	Ballimal, had DATE OF BURIAL Ballimal, had Address M. L. Cleopel Thurman had.
	trar, 6 E. Franklin St., Bair., Requesting V. S. No. 1.

S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, many occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) lujury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," State cause for



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH	STATE OF MARYLAND
county Frederick	CERTIFICATE OF DEATH
County Wedereck	Registration Dist, No. 181
Village or City Frederick (No.242,	S. There st.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME George 51	Moceal of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVEREED	16 DATE OF DEATH Month (Month) (Day (Year)
Male White (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	1918, to Marsh 1913.
(Mohth) (Day (Year)	that I last saw h last alive on Marsh 6 ,1915
7 AGE If LESS than	and that death occurred on the date stated above, at 9-85 m,
10 yrs 5 mos 24 ds 0R min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	francisco franci
(a) Trade, profession, or	Johnson Helphones
particular kind of work (b) General nature of Industry,	
business, or establishment in which employed (or employer)	(Buration) 4 yrs mos ds.
9 BIRTHPLACE	Contributory of remita
(State or country) Manyland	Secondary
10 NAME OF	(Duration) yrs mos ds.
FATHER LEONER & Hovers	(Signed) the get, It is a source, Myo.
O) 11 BIRTHPLACE	Merrich 8, 191 12 (Address) It desich
Z OF FATHER (State or country) Mo-angloud	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.
a Mainie Crest	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the of deathyrs, mosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Leo 6, House	Former or usual residence
(Address) 242 & Third St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Mot Olevet bein Mars, 1915
Filed & March, 1915 Class J. M. & Comples	20 UNDERTAKER ADDRESS
MESIETHAN	Thomas P. Rice Forederich
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers been changed or given up on account of the disease mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., material worked on may form part of the second (a) Spinner, cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measics; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 6 1915

BEREAU, V.S.

MARGIN RESERVED FOR BINDING

V. S. No. 1.

-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS N.B.

Vittage or City (No, St.; Ward) 2FULL NAME (In the latter of least of street and number o
3 SEX . 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, MODERN MARRIED, MODERN WIDOWED MODERN 27 19
I. 1 1. It MARRIED Married March 27, 19
(Month) (Day (Ye) (Write the word)
March 4", 1835 (Month) (Day (Year) that I last saw her alive on March 27, 19
7 AGE If LESS than and that death occurred on the date stated above, at 1 2 5
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) PRINTHPLACE Contributory, Business Contributory, Business Contributory, Business
Ontributory Secondary 10 NAME OF FATHER Benjamin Prown (Signed) Bothorns
11 BIRTHPLACE OF FATHER (State or country) Maryland *State the DISEASE CAUSING DEATH, or, in deaths from Vicauses, state (1) Means of Injury; and (2) whether According to Monther OF MOTHER Anna Anna Anna Anna Anna Anna Anna Ann
13 BIRTHPLACE OF MOTHER (State or country) Maryland OR RECENT RESIDENTS) At place of death 2 yrs. // mos. 26 ds. State 2 yrs. 0 mos. 3
Where was disease contracted, If not at place of death? Former or usual residence. The Above is true to the Best of My knowledge Where was disease contracted, If not at place of death? Former or usual residence.
16 16 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL STORES STORES PROPERTY ADDRESS PROGRESS PROPERTY TO PROPERTY ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; ctc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomcnela-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for mallgtctanus) may be stated under the head of (Recommendations on statement of For Vio-



V. B. No.

PLACE OF DEATH County Frederich	3745 STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. / 3 /
Village or City Frederich (No. 200),	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Formal Color of RACE Saingle, MARRIED, Sungle Widowed, Street Write the word)	16 DATE OF DEATH REACH 2 M, 1915 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month (Day) (Year)	Mercuby 4 nd, 1914, to March 2 1st, 1915, that I last saw her alive on March 3014, 1915
7 AGE 11 LESS than 1 day,	and that death occurred on the date stated above, at 3 m, The CAUSE OF DEATH* was as follows: Soul auteus sclavosds
(a) Trade, protession, or Religence particular kind of work	
Dusiness, or establishment in which employed (or employer) BERTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF James Trane	(Signed) // Command was , M. D. [Marel 25/1791 5' (Address) Fresh Mid
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos ds. State yrs, mes ds. Where was disease contracted.
(Informant) In M. Fidelis M = Weemed - Superioress (Informant) Trustation Convent Fred enall . He asy land	It not at place of death? Former or usual residence
(Address) whatim commit I'ved work. The any and 16 Filed 2 1 March 91 5 drue & Michael Registrade	Private Consent Cem March 27, 1915. 20 UNDERTAKER DATE OF BURIAL March 27, 1915. ADDRESS 216 H, March St
(Les)	r; 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an been changed or given up on account of the DISEASE who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter ness of various pursuits can be known. The question tion is very important, so that the relative healthfulessary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de. affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maily mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhanstion," Examples:



	state
RECORD	PHYSICIANS should of OCCUPATION IS
RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.
UNFADING	carefully supplied that it may be f certificate.
RITE PLAINLY, WITH	of information should be carefully supplied. DEATH in plain terms, so that it may be See instructions on back of certificate.

Every Item CAUSE OF Important.

S. No. 1.

1 PLACE OF DEATH

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1		and problems as to		
1		11	1	

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[If death occurred in a hospital or institution, give lis NAME Instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
20	4 COLOR OR RACE Single, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Mark 26 , 191.5 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH October 29, 1889. (Month) (Day (Year)	that I last saw herealive on Man. 26 , 1915.
7 AC	GE It LESS than 1 day,hrs. or min.?	and that death occurred on the date stated above, atm, The GAUSE OF DEATH* was as follows:
(a)	CCUPATION) Trade, profession, or rificular kind of work	menoman P
bus	o General nature of Industry, iness, or establishmen1 in ich employed (or employer)	(Ouralion) yrs mos 43 ds.
9 B1	(State or country) Maryland	Contributory Secondary
	10 NAME OF WM W. Keller	(Signed) (Duration) yrs mos ds. (Signed) (R. U. H. D. M. D.
ARENTS	OF FATHER (State or country) Mary fand.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PAR	of MOTHER Concession C. Wittles	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Maryland.	At place In the of deathyrsmosds. Slateyrsmosds Where was disease contracted.
	(Informant) 1215 T. Teller	If not at place of death?
15	(Address) Middletturn Mid.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Middletown M 3/2 K , 1915
FEI	00 Ma 28 , 1915 C. C. Laway	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations CAUSING DEATH, state occupation at beginning of ill-"of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not the nature of the business or industry, and therefore an ness of various pursuits can be known. The question who have no occupation whatever, write None. ness. If retired from business, that fact may be indibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY, and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) (Recommendations on statement of State cause for Never report For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1915 BURBAU, V.S. PHYSICIANS

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STATE OF MARYLAND 1 PLACE OF DEATH state CERTIFICATE OF DEATH SICIANS should occupation is Registration Dist. No. 140 Ilf death occurred in Ward) a hospital or institution, give Its NAME Instead of street and number.] MEDICAL CERTIFICATE OF statement PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 18 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED (Month) I HEREBY CERTIFY That I attended deceased from 6 DATE OF BIRTH (Month) (Dav TAGE If LESS than and that death occurred on the date stated above, at g. 1 day hrs. The CAUSE OF DEATH* was as follows: properly umma, BOCCUPATION (a) Trade, profession, or particular kind of work pe (5) General nature of industry. business, or establishment in may which employed (or employer) Contributory..... Secondary 20 ö back terms. ARENT *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. plain Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 2 Af place to the of death _____ yrs. ____ mos. State _____ yrs. ____ mos. EATH Where was disease contracted. If not at place of death?..... ā Former or OF usual residence Important. Every It 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Crocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeeper's mine, etc. statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specifirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencia-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coilapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopucumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.; oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. ture of the American Medical Association.) "Contributory." The contributory tctanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) For vio-



V. S. No. 1.

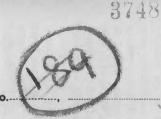
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RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. Important. B

1 PLACE OF DEATH

County Fred,



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 136

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

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PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3 SEX Mule	4 COLOR OR RACE MARRIED, WIDOWED, ORDINGCED (Write the word)	16 DATE OF DEATH Worth , 1915 - (Month) (Day (Year)
8 DATE OF BIRTH A C , 1945- (Month) (Day (Year)		17 I HEREBY CERTIFY, That I attended deceased from
TAGE	If LESS than 1 day,hrs. ORmln. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
particular k (b) General business, o which emplo	orofession, or clind of work	Donats (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) My,		Contributory Secondary (Duration) yrs mos ds. (Signed) Sery Cury bare learner D. D.
Z 12 M	RTHPLACE DF FATHER State or country) AIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BI	RTHPLACE F MOTHER State or country) BOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs mos ds Where was disease contracted, It not at place of death?
(Informant) (Address). Fuel. 1 ct. vuel.		19 place of Burial or REMOVAL DATE OF BURIAL War fhurston md March 22, 1915;
Filed	, 191 REGISTRAR If more blanks are needed address State Pegis	20 UNDERTAKER Luc Catus ADDRESS Jul, jet M. f. trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in mauy "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar meninged, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustions" thenia," "Anacmia" (merely symptomatic), "Atrophy," affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent) State cause for



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RECORD

PERMANENT

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

lif death occurred in a hospital or institution. give its NAME lostead of street and number. 1

Man

ADDRESS

Dary Ann Holb PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH 5 SINGLE. MARRIED, Widowed ORDIVORCEO (Year) E OF BIRTH 830 (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 5, m, 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) Deneral nature of industry, business, or establishment in which employed (or employer) -----9 B!RTHPLACE (State or country) Contributory Secondary 10 NAME OF BLETHPLACE FATHER to country) *State the IDEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER . (State or country of death State _____ yrs. ____ mos. __ yrs. ____ mos. _ ds. Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite saiary), may be entered as who have no occupation whatever, write None. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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3700 1 PLACE OF DEATH STATE OF MARYLAND Frederick CERTIFICATE OF DEATH Registration Dist, No.

Patrick St. / Ward)

Iff death occurred in a hospital or lostitution. give its NAME lostead

Oda Olivia Horas of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. Monx WIDOWED, Wedlowed (Month) (Day (Year) (Write the word) 17 I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 833 (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 3.45 A.m. 1 day hrs. The GAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of lodustry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) THPLACE At piace TOTHER e or country) of death _____ yrs. ____ mos. ___

_ ds. State ____ yrs. _

____ mos.

If not at place of death?-Former or osual residence.

Where was disease contracted.

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. fif death occurred in St: Ward) a hospital or lostitution. give its NAME instead of afreet and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE. SSEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from , 1915 to March 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at ... 1 dayhrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, profession, or parficular kind of work... (b) General nature of Industry, business, or establishment in which employed (or employer) ----certificate. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF 50 11 BIRTHPLACE ARENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country) of death _____ yrs. ____ mos. __ State yrs, mos. Where was disease contracted. If nof at place of death?-Former or usual residence. mportant. DATE OF BURIAL 15 REGISTERN If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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V. E. No. 1.

A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS N.B

	PLACE OF DEATH	3752 STATE OF MARYLAND
Cal	unty Frederick 0	CERTIFICATE OF DEATH
Co	unty	Registration Dist, No. 137
Vill	2FULL NAME Pulian Mary Et	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	
3 S1		MEDICAL CERTIFICATE OF DEATH
751	4 COLOR OR RACE MARRIED, WIDOWED, WILLOW ORDIVORGE (Write the word)	(Month) (Day (Year)
ne	ATE OF BIRTH	17 I HEREBY CERTIFY. That I attended deceased from
D		March 2/ 191 1- to heave le 23, 191 5-
	(Month) (Day (Year)	that I last saw h 2+ alive on Macrocka 2 2 mm, 191 Ja
7 A	If LESS than	and that death occurred on the date stated above, at 3 a. m.
	8 / yrs 7 mos 2 2 ds 0 R min.?	The CAUSE OF DEATH* was as follows:
80	CCUPATION MOS. OR MIN. ?	1
(9)	Trade, profession, or House keeping.	Valence Discore Hzart -
(b)	General nature of industry,	
	iness, or establishment in Chemployer (or employer)	(Duration) 2/ yrs 0 mos ds
9 81	RTHPLACE (State of gountry)	Secondary Hypo & Lestie Processic
11	ear Middlelown, Md.	(Duration) O yrs O mos 9 ds
	10 NAME OF FATHER adam Bowlus.	(Signed) Lu. Lo. Telesce Cer M. D
NTS	11 BIRTHPLACE OF FATHER (State or country) Maryland,	*State the DISPASE CAUSING DRATH ON in deaths from Warner
12 N H H	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, or HOMICIDAL.
Q.	Susan Veticea Group,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Maryland,	At place in the of death yrs, mos, ds. State yrs, mos, ds
4 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	Interment) Hilliam Leatherman	Former or
1	an Ind	usual residence
1.5	(Address) Tagerstowy, Ma,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	moders of Color	Frosinckles Buring From & Mar, 26, 1915
FILE	March 73, 1915 (1. 4. haucas	Bittle Bros. Phyersville, In
4		The state of the s

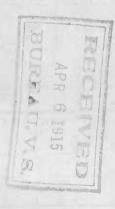
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease). Todar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) (Recommendations on statement of For vio-



sated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION Is very PERMANENT stated EXACTLY. of information should be carefully supplied. AGE should be say DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every Item o CAUSE OF I

1 PLACE OF DEATH Fredouch.



375 STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 141
Village or City Brunsenth (No	St.; Ward) St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
The COLOR OR RACE S SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
© DATE OF BIRTH Mor 6 (Month) (Day (Year)	that I last saw h alive on State Genth, 191
7 AGE Sall Buch It LESS than 1 day,hrs. yrs	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Bew dear for general days. (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration yrs mos ds
10 NAME OF Edward & Lee	(Signed) Visit M.D.
11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of Mother Emma Islere Miles	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds
(Informant) Coword & Mules	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Druusevice My	19 PLACE OF BURIAL OR REMOVAL Broy bille ms more 1915
Filed 1910 REGISTRAR	O. A. July ABM Bunserde my

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meminges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before, the certificate is permanently filed.

APR 6 1915
BURBAU. V.S.

V. S. No. 1.

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PHYSICIANS should of OCCUPATION IS RECORD statement ENT EXACTLY. PERMAN classified. 0 properly NX supplied. pe UNFADING may that 80 90 terms, n back Instructions plai 5 EATH a LO important. Every

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ill death occurred in a hospital or institution. give its NAME instead of street and nombor.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED Married 1915 WIDOWED, ORDIVORCED (Month (Dav (Year) DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 17. 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION degamie Heart desea (a) Trade, protession, or (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE OF FATHER (State or country) ARENTS *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 0 BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) to the ot death _____ yrs. ____ mos. __ __ ds. State _____ yrs.__ Where was disease contracted. 14 THE ABOVE IS TRUE TO It not at place of death? Former or usual residenco. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 Moor 13, 1915 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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RECEIVED

APR 6 1915

BUREAU, V.S.

PERMANENT UNFADING INK-THIS

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD stated EXACTLY. of Information should be carefully supplied. AGE should be si DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. of Information should be WRITE CAUSE OF Important. S 1 PLACE OF DEATH

3755

STATE OF MARYLAND CERTIFICATE OF DEATH

Megistration Dist, No.	Registration	Dist.	No. 148	5
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Fil death occurred in

2FULL NAME	St.; Ward) a hospital or lostitution, give its NAME tastead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temala Color or RACE SSINGLE, MARRIED, MIDOWED, ORDIVORCED (Write the word)	10 DATE OF DEATH March 27 (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	march 212, 191 5 to march 22 191 5 that I last saw here alive on March 212, 191 5
TAGE If LESS than 1 day,hrs. OR min.?	and that desth occurred on the date stated above, at $\sqrt{\alpha}$ m. The CAUSE OF DEATH* was as follows: Uccidental Burning. Clothing become ignital White making
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Gontributory Secondary (Ouration) yrs mos / ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Directing Holly, M. D. Much 12, 19t J. (Address) Mew Mundson *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Hohicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) / Ew Windsor Filed Mar 24, 1915 VISTA Prans	19 RLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

V. S. No. 1.

N. B.

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REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. been changed or given up on account of the nisease who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (6)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, ctc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acci-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion,"

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APR 6 1915
BUREAU. V.S.

MARGIN RESERVED FOR BINDING

state Very SICIANS should occupation is PHYSICIANS RECORD ERMANENT EXACTLY Exact classified. pe properly AGE be UNFADING may certificate. 80 ö pe back terms, pinous piain Instructions Information c EATH 5 0 OF Every Item CAUSE OF Important.

3750 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or Institution, give its NAME instead of street and nomber. I FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 GOLOR OR RACE 5 SINGLE, MARRIED. 1910 WIDOWED. (Month) (Day (Year) ORDIVORCED Word I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day hrs. .mos.....ds. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER (Signed ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUBY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted. 14 THE ABOVE IS TRUE TO THE If not at place of death? Former or usual residence 19 PLACE OF BURIAL OF REMOVAL DATE OF BURIA (Address) 15 29 UNDERTAKER ADDRESS Flied: REGISTRAR

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who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term in the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman,

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Injury, as fracture of skull, and consequences (e. g., calcular heart disease; Chronic interstitial nephritis, etc. The contillatory (secondary or intercurrent) affection need not be stated unless important. Ex-LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Megsles (disease causing death), 29 ds., nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of........ (name origin; "Cancer" is less definite avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchonncumomia_(secondary), 10 ds. may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
Cos	inty Thederican	Registration Dist, No.
VIII	age or City Montevue Hosping (No. 1) Li	St.; Ward) [If death occurred is a hospital or Institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Male 4 color or race 5 single, Married, Widower, or Divorce (Write the word)	(Month) (Day (Year)
6 D/	TE OF BIRTH Flebrary 15, 1839	Harber 1 HEREBY CERTIFY. That I attended deceased from Harber 1915, to Proceed to 1915, that I last saw harmalive on Feb. 1915
(a)		and that death occurred on the date stated above, at 10 a.m., The CAUSE OF DEATH* was as follows: Casadaiaca astuliariae
busi	General nature of industry, ness, or establishment in the employed (or employer) RTHPLACE (State or country) Many land	Contributory Parisely water supported
ARENTS	10 NAME OF JESSE Mr. Little 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME	(Signed)
а.	13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country) OF MOTHER Sarah Scott Pennsylvania	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds.
	Informant) The BEST OF MY KNOWLEDGE France dariest	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 File	. REGISTRAR	Deferson Md 3/7 1915 20 UNDERTAKER Chison Seffeson
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Scnile," etc.), "Dropsy," "Exhaustion," thcuia," "Anacmia" (merely symptomatic), "Atrophy," affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... lif death occurred in ..Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH S SINGLE. 4 COLOR OR RAGE MARRIED. WIDOWED, (Write the word) (Month) (T)av (Year) HEREBY CERTIFY. That I attended deceased from OF BIRTH (Month) (Dav (Year) TAGE If LESS than 1 day Thrs OR min. ? ----- YES. SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment In which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIPAL, 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? (Interment) Asuai residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

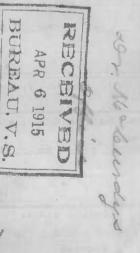
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic scpsis, tetanus) may be stated nuder the head of which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can thre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) is less definite; avoid use of "Inmor" for malig-Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion,"



of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain teams, so that it may be properly classified. Exact statement of OCCUPATION is very

RECORD

PERMANENT

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

See Instructions on back of certificate.

N. B.—Every item of Information should be CAUSE OF DEATH in plain terms, so important. See instructions on back o

15

PLACE OF DEATH County Freducts	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 141
Village or City Bruncheviele (No. 2)	R. M. Luy Rein St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH DIST 2/ (Month) (Day (Year)
6 DATE OF BIRTH MOY 2/ 19N	1 hereby Certify, That I attended deceased from 1910, to 191, 191
(Month) (Day (Year) 7 AGE If LESS than 1 dayhrs. yrsmosds. ORmin.? 8 OCCUPATION (a) Trada, profession, or particular kind of work	and that death occurred on the date stated above, at
9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF THE MORE OF THE PROPERTY	Contributory Secondary (Buration) yrs mos ds. (Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER RIGHT R. Corles 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. (Informant) R. M. Aughlu Band And DE 12	Where was disaasa contracted, If not at piaca of death? Former or usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

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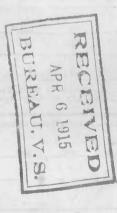
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (0)

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. N Ilt death occurred inWard) a hospital or institution. give its NAME instead of street and nomber. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Month) ORDIVORCEO I hEREBY CERTIFY, That I attended deceased from (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... 1 day hrs. BOCCUPATION (a) Trade, profession, or particular kind of work. 23 (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory certifical Secondary 10 NAME OF FATHER 50 terms, n back PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME DEATH in plain See instructions o OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the Where was disease contracted. If not at place of death? Former or mportant. usual residence. DATE OF BURIAL 15 Moar 17 1913 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Xx, B. O. Thomas



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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

----Ward)

lit death occurred la a hospital or institution. give its NAME Instead

ot street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, Leus 4 COLOR OR RACE DATE OF DEATH MARRIED, WIDDWED. (Month) (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE it LESS than and that death occurred on the date stated above, at 3.3 com. 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At piace In the OF MOTHER (State or country of death _____ yrs. ____ ds. State _____ yrs ____ mos. Where was disease contracted. It not at place of death? Former or usual residence PLACE OF BURIAL OR REMOVAL (Address) DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 7 1915

BUREAU, V.S.

V. S. No. 1.

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Registration Dist. No. 139

..St.;....Ward)

[it death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male thile single, Widoweg (Write the word)	18 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH Que 28 , 1836 (Month) (Day (Year)	Let 19. 1915 to march 14 4 191 15
7 AGE 9 2 yrs 6 mos 1 4 ds OR min.?	snd that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in	Myocardial Degeneration. (Duration) yrs. mos 2 3 ds.
which employed (or employer) **BIRTHPLACE (State or country) **Part of and	Contributory General artirio - Schlinging
on 11 BIRTHPLACE John Miller	(Signed) (Ouration) yrs mos 3 ds. (Signed) (Address) Sabillawill and
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER PARIS M. C. Blain	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE TRUE TO THE BEST OF MY MOWLEDGE	At place of deathyrsmosds. Stateyrsmosds Where was disease contracted,
(Informany Mss. Ben Law.	If not at place of death? Former or usual residence
Filed Mar. 10' 1910' lo A Sleve	19 PLACE OF BURIAL OR REMOVAL ADDRESS ADDRESS Thurm MA
	rar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, ctc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons Salcsman, But in many "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, Is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerpenal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Hamition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and quality as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. "Coutributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," The nature of the "Exhaustion," Never report



S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH County Trederick

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St.;....Ward)

[If death occurred in a hospital or lostitution, give its NAME instead of street and number.]

*FULL NAME Sillian E. Mork

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH March (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 D/	ATE OF BIRTH Afril 76, 1894 Month) (Day (Year)	that I last saw her alive on March 2/ 1915
7 AC		and that death occurred on the date stated above, at 3/4/9, m, The CAUSE OF DEATH* was as follows:
(a) par	Trade, profession, or Achool girl ficular kind of work	Pulmonary Interestors
busi	General nature of Industry, ness, or establishment in the employed (or employer)	Contributory Eshaus two
	10 NAME OF FATHER William Mock.	(Signed) W. Howar Ofergel M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland.	March 21, 1915 (Address) State Paraloreus, 184
PARE	12 MAIDEN NAME of MOTHER / lorence Wise, 13 BIRTHPLACE	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
14 T	OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs. 5 mos. 4 ds. State dyf. mos. ds Where was disease contracted, link would.
((Address) State Danaton hd	Former or USUAl residence Meddle Louin, Md. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 File	Aprill. 1915. C. A Stern	Middlelown, and 1915
7		rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers statement. cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Deaier," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septiehaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of "Convulsions," "Debility" ("Con-Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 3 1915
BURBAU, V.S.

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3764 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. St.:....Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RAGE 16 DATE OF DEATH 5 SINGLE. MARRIED. WIDOWED, (Write the word) (Month) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 1.30 lb m 1 day,....hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) _ which employed (or employer) BIRTHPLACE Contributory Secondar (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) LUNY OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIPAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. __ Slate _____ yrs, ____ mos. _ ds. Where was disease contracted. If not at place of death?. Former or usual residence PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER

Ilf death occurred in

1915

(Year)

a hospital or institution, give its NAME Instead of streef and number.]

(Day

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tctanus) injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal scptichacetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need uot be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head of Never report



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH Gounty Frederick Village or City Frederick (No. 245)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3/ Dest Palnielle St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DAVAGED (Write the word)	16 DATE OF DEATH (Month) (Month) (Day (Year) 17 1 HEREBY CERTIFY. That I attended deceased from
B DATE OF BIRTH	X 191 6 to 1915
3 3 1918	
(Month) (Day (Year)	9
7 AGE It LESS than 1 day, ★ hrs.	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishmeof in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Diration) yrs mos ds.
1D NAME OF Carlloy Walesworth	(Signed) (Couley, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
OF MOTHER LINES RIVERS	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Mury Cure	At place in the of death X yrs. mos. ds. State yrs. mos. ds
(Intermant)	Where was disease contracted, It not at place of death?————————————————————————————————————
(Address) Ful Marsh, 1915 Jana J. M. C. Bregger & Bregge	19 PLACE OF BURIAL OR REMOVAR DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS

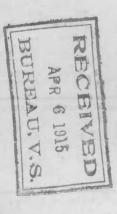
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupatious gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the honsehold only (not pald Honsekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and ehildren, not material worked on may form part of the second (a) Spinner, it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that faet may be iudivery important, so that the relative healthful-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," engineer. The (6)

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PHYSICIANS RECORD ō statement PERMANENT classified. pe THIS properly ш AGE supplied. pe UNFADING may 80 WITH terms. pinous piain Information 2 EATH 0 OF

STATE OF MARYLAND 1 PLACE OF DEATH state Very CERTIFICATE OF DEATH Freelesin SICIANS should occupaTION is Registration Dist. No... Tit death occurred in a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED, (Month) (Year) (Day (Write the word) 17 DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day,....hrs. mos OR ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) certificate. Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER of back H 1 BIRTHPLACE AREMA OF FATHER
(State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT 50 CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death _____ yrs. ____ mos. ____ ds. State yrs. ___ Where was disease contracted. THE ABOVE IS TRUE BEST OF MY KNOWLEDGE If not at place of death?.... Former or usual residence. Important, Every it DATE OF BURIAL 15 20 UNDERTAKER ADDRESS m REGISTAN ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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OCCUPATION PHYSICIANS RECORD of PERMANENT cla may UNFADIN cate. certifi ō back ATH in plain instructions DEAT OF CAUSE OF Every

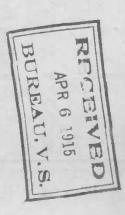
STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 146 fif death occurred in St.: Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, DATE OF DEATH MARRIED WIDOWED, (Month) (Day ORDIVORCED I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Year) (Day 30 7 AGE If LESS than and that death occurred on the date stated above, at f dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry, business, or establishment in (Durafion) which employed (or employer) -----Contributory. 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER PARENT *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State _____ yrs, ____ mos. ____ ds Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be iudithus: Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanitiou," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated nuless important. "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

PLAYE OF DEATH	STATE OF MAI	RYLAND
County Frederick	CERTIFICATE O	F DEATH
6 LA (S	Registration Dis	t. No. 134
Village or City Ommits trusq (No.	St.; Ward)	[If death occurred in
Village of Oil)		a hospital or institution, give Its NAME instead
² FULL NAME	Myere	Of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED RUNGO OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That I att	h 20, 1915 (Day) (Year)
6 DATE OF BIRTH		
March 20, 1915 (Month) (Day) (Year)	that I last saw h alive on	, 191,
7 AGE	and that death Scurred on the date st	ated above, atm.
0 vrs 0 mns 0 ds OR 0 min.?	The CAUSE OF DEATH # was as follow	vs:
70,000	OF A B	
8 OCCUPATION (a) Trade, profession, or	Jule- Os	m
(a) General nature of Industry		***************************************
business, or establishment in	(Duration)	yrs mos ds,
which employed (or employer)	Contributory	
(State or country Commito bring Md.	Secondary (Ourslion)	yrs. p
10 NAME OF PATHER DORAN WY MUNA	(Signed) Tombe of Ja	imojon M.O.
M II BIRTHPLACE	191 (Addres milstrug h	
Z OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from YOURNT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acquiental,	
of MOTHER MANY Potalus	SUICIDAL OF HOMICIDAL.	1
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS)	INSTITUTIONS I HANSIENTS,
OF MOTHER (State or country)	At place In the of deathyrsds. State,	yrsmosds.
14 THE ABOVE IS TRAE TO THE BEST, OF MY KNOWLEDGE	Where was disease contracted,	
X mill I Mores	Former or	
(Informant)	usual residence	
(Address) mmits fing	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	1.	, 191
Filed June 29 191 15 17. 7 Shuff	20 UNDERTAKER	ADDRESS
Local REGISTRAR	no underlaker	
If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

9760

[Approved by U. S. Census and American Public Health Association.]

write None. 6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as House-wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Furm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worl ed on may form part mill; (a) Salesman, (b) (rocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-If retired from The question

Statement of Cause of Death—Name, first, the DISPLEE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

the certificate is looked over thoroughly and all quescince of the data is essential and must be obtained before thing certificate is permanently filed. upoer the head surfide the nature of the injury, as tracture of skun, and consequences (e. g., sepsis, telanus) may be stated Struck by railway train:—accident; Revolver wound of head—conicide; Poisoned by corbolic ocid—probably swifted. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or misearriage as "PUERPERAL septichuemia," eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report merc Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valvulor heart disease; Chronic interstitiol ges, perilonaeum, etc., Carcinoma, Soreoma, etc., of (name origin; "Caneer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping The contributory (secondary or intercurof "Contributory." (Recommendations "Dropsy," "Exhaustion,

BUREAU, V.S.

PERMANENT THIS AGE UNFADING WRITE

RECORD

OCCUPATION IS properly supplied. be certificate. 0 back plain See instructions 5 DEATH 0 Item OF important. Every It 0 z

STATE OF MARYLAND LACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St .:....Ward) a hospital or lostitution, give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINCLE. DATE OF DEATH MARRIED. WIDOWED, OROIVORGEO (Write the word) (Month) (Day (Year) DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trada, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) 14 THE ABOVE IS If not at place ot death! usual residence DATE OF BURIAL 16 1912 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yes.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engincer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (name origin; "Can-State cause for Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD N. 8.

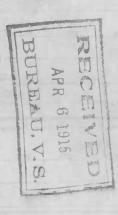
PLACE OF DEATH County Theolerich (No. 2.3	3770 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No
FULL NAME Bradley Ly	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Manuel Whole Whole Write the word)	(Month) (Day (Year)
DATE OF BIRTH 12 19 (Month) (Day (Year)	that I last saw h /m alive on march 25 , 191 5,
TAGE (Month) (Day (Tear) (and that death occurred on the date stated above, at 10 thm. The CAUSE OF DEATH* was as follows: Farcoma of farolish gland.
(a) Trade, profession, or particular kind of work. (b) General nature of industry, Follow of Freed business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Freederick Co	Contributory General metastasis Secondary Starvation: (Duration) × yrs. & mos. 20 ds.
10 NAME OF FATHER Saac Mcodemus 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed) Amil , M. B. Traces 26, 191 5 (Address) File Amil . *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Maryland	16 LENGTH OF RESIDENCE (FOR HOAPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted.
(Informant) andrey Miodenna (Address) Frederick Mil	If not at place of death? Former or usual residence
Filed 27 March, 1910 Chan J. M. Laurdy REGISTERS	M. F. Cemetry Comonville 3/27 7915
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Italto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is uecapplies to each and every person, irrespective of age. tiou is very important, so that the relative healthfulduties of the household only (not paid Housekcepers "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Antomobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up ou account of the disease who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, "Foreman," (2)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origiu; "Caumia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "lnanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably snicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY aud qualify as which surgical operation was undertaken. cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," Never report For viods.;



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7

V. S. No. 1.

	1 PLACE OF DEATH	3771 STATE OF MARYLAND
	· had in the	CERTIFICATE OF DEATH
Cou	ma, War	Registration Dist. No./36
Vill	age or City Laurenille (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
	FULL NAME Blanch Eliza	beth Keeps of street and number.]
Parra	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	uale while 5 single, married windowed, named (Write the word)	(Month) (Day (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
8 DA	ATE OF BIRTH	March 20, 1915 - to March 26, 1915.
	(Month) (Day (Year)	that I last saw h la alive on Marcha 26 , 1915-
7 AC		and that death occurred on the date stated above, at
	yrs 2 mos 22 ds OR min.?	The CAUSE OF DEATH* was as follows:
	CCUPATION //	Raght
	Trade, profession, or House that the third of work	
	General nature of industry,	
business, or establishment in which employed (or employer)		(Duration) yrs 2 mos, ds.
981	RTHPLACE (State or country) had Co	Gontributory Secondary (Doration) yrs mos ds.
	10 NAME OF Harvey Pal &n C.	(Signed) Ben, Wern, M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PARE	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs, mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
((informant) Research	Former or usual residence
	(Address) Law will Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15		20 UNDERTAKER ADDRESS
FIN	REGISTRAR	6.0 (C) 1- her ha
		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE material worked on may form part of the second it should be used only when necded. Civil engineer, Stationary fireman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vrochildbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association. "Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," "Puerperal septichae-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

V. S. No. 1.

ON is very	PLACE OF DEATH County Frederick	CERTIFICATE OF DEATH Registration Dist. No.
of OCCUPATION IS	Village or City lew Midwayso. 2FULL NAME Millow Ove	St.; Ward) St.; Ward) Rocky Recurred in a hospital or lostitution, give its NAME instead of street and nomber.]
e at	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
t statement	Male Mute Single, Married, Wildower, or or over the word)	16 DATE OF DEATH Murch 25, 1915 (Month) (Day (Year)
d. Exact	G DATE OF BIRTH Jan 30 1846	March 25, 1916 to March 25, 1915.
classified.	7 AGE (Month) (Day (Year) 11 LESS than 1 dayhrs. 0Rmin.?	and that death occurred on the date stated above, at 455 m, The CAUSE OF DEATH* was as follows:
properly	B OCCUPATION (a) Trade, profession, or particular kind of work	Cerebral himorrhage
may be	(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory (Duration) yrs Shourds.
that it m certificate.	9 BIRTHPLACE (State or country)	Secondary (Doration) yrs mos ds.
back of	THE STATES SENSE:	(Signed) Locard To Weller M. D. Melo 25, 1915 (Address) Delour Mo.
on te	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
TH in plair instructions	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds
F DE	14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place of death?————————————————————————————————————
CAUSE O	(Address) Jew My New ay	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Flies Harles, 1915 Registrar	Lacelle Howell Spedabor
	Diagnas are needed, address State Regist	crar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal scotichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of 'Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (Recommendations on statement of (secondary or intercurrent)



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state Very PHYSICIANS shou RECORD RMANENT Ⅱ classified. should properly AGE supplied. pe may certificate. that S 6 back terms. 6 piain instructions Ę DEATH ō HO Item Important. ш Every

1 PLACE OF DEATH STATE OF MARYLAND Frederick CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred la a hospital or institution. give its NAME Instead ot street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, Marreed 1915 WIDOWED. (Month) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 8-30 Am. 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in Duration which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death _____ yrs. ____ mos. ___ ds. State ____ yrs, ___ mos. Where was disease contracted. It not at place of death? .. Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRA If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonla," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Dr. Rahmeet

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APR 6 1915

BURHAU, V.S.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. Fif death occurred in .Ward) a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX S SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. 19K WIDOWED, (Month) (Year) (Write the word) EREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day hrs. The CAUSE OF DEATH* was as follows: OR nin. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) .- 10 which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary Cunso (Duration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident TAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country yrs. mos. ds. State Where was disease contracted. If not at place of death? Former or usual residence OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care applies to each aud every persou, irrespective of age. tiou is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, c. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, "Foreman," (6)

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APR 6 1915 BUREAU, V.S.

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PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

If death occurred inWard) a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDDWED, Write the word (Month) (Dav (Year) I HEREBY CERTIFY, That I DATE OF BIRTH 5 (Month) (Day (Year) TAGE If LESS than and that desth occurred on the date stated shove, at 1 day hrs OR ? Browely - meumai BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment In which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary (Duration 10 NAME OF (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the ____ yrs. ds. State Where was disease contracted. THE ABOVE IS If not at place of death? Former or usual residence DATE OF BURIAL 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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APR 6 1916
BURLAU, V.S.

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RECORD	PHYSICIANS should state of OCCUPATION IS very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cou	rear MMINOWY (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 154 St.; Ward) [If death occurred is a hospital or lostitution, a hospital or lostitution or lostitution.
	*FULL NAME AMIELIZ OBETT	Account test of isstantion, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Smale White Moved or Divorces Warned (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 26 28 1915 to Mole 14 1915 that I last saw here alive on Mole 144 1915
7 A C	(2001)	and that death occurred on the date stated above, at
(a) par (b) busi whice	Trade, profession, or douse to the fitted at	Browdin tis (Duration) yrs mos / Secondary
ARENTS	10 NAME OF FATHER GACOS Ei Well 11 BIRTHPLACE OF FATHER (State or country) Gormany 12 Maiden NAME OF MOTHER	(Signed) 10/10/16 Bruwwill , M. B. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
14 T	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the ot deathyrsmosds Where was disease contracted, If not at place of death?
16 File	Frence PEGISTRAR	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL MARYS 20 UNDERTAKER JACOB J Loppser & Son Cuntatura Junear, 6 E. Franklin St., Halpo., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonacum, etc., Carcin-

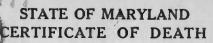
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APR 6 1915

S. No.

PLACE OF DEATH
Sunty Frederick



Registration Dist. No. 139

..St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Josephine Der	wbowski	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
Temple White Single, MARRIED, WIDOWED, ORDIVORCED WORD! ORDIVORCED (Write the word)	16 DATE OF DEATH Swork (Month) 17 I HEREBY CERTIFY, That I a	(Day (Year)
TAGE Oct, 15 ,896 (Month) (Day (Year) 1 day, hrs. OR	that I last saw he alive on how and that death occurred on the date stated at The CAUSE OF DEATH* was as follows:	L 6 ,1915
a) Trade, profession, or Horesework, particular kind of work. (b) General nature of Industry, business, or establishment in Milch employed (or employer) BIRTHPLACE (State or country) Moust and	Pulmonary Pub Contributory Estrouster Secondary	eraloris yrs. 4 mos. 6 da
10 NAME OF FATHER Stanley Sowbowski 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) 24, Howard years (Duration) *State the Disease Causing Death, or, is Causes, state (1) Means of Injury; and Tal, Suicidal, or Homicidal.	n deaths from VIOLENT (2) whether ACCIDEN
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	Where was disease contracted, Curk would find at place of death? Former or usual residence 721 Curks Boy	y mos ds
16 Filed Mar. 24. 1915. C. A. Stein	Curto Bay, md	DATE OF BURIAL , 1912

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balte, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cssary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as materiai worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of (secondary or intercurrent)



of DE/

10

CCUPATION

YSICIANS

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.:....Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH , 1915, to male 19 that I last saw h. ex alive on Inch 18 1915 (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at 12.30 A.m. 1 day hrs. The CAUSE OF DEATH * was as follows: mer al Huma hugy BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in (Duration) yrs. mos. 5 ds. which employed (or employer) Contributory Valuular de 9 BIRTHPLACE (State or country) (Secondary) (Duration) many yrs -10 NAME OF FATHER 9, 191 5 (Address) And ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted. If not at place of death? Every Item CAUSE OF Important. usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

[If death occurred in

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is pec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage. as "Purremeal scottchacmus," "Old Age," "Shock," 'Traemia," "Weakness," cause of death approved by Committee on Nomencla by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchonneumonia (secondary), 10 ds. Never report er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all discases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples:



V. S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. PEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS PLAINLY, WITH item of information should be WRITE CAUSE OF

Important.

N.B.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-Ward)

[If death occurred in a hospital or institution, give its NAME lostead

FULL NAME Mary An	u Shouple of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Figure 1 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	10 DATE OF DEATH Moar & 1915' (Month) (Da) (Year)
6 DATE OF BIRTH	that I last saw here alive on file and that death occurred on the date stated above, at from m, The CAUSE OF DEATH's was as follows:
COCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	Olute Brenchita
which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF	Contributory Secondary (Duration) yrs mos ds. (Duration) yrs mos ds.
11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
of Mother Elizabeth English of Mother (State or country) Mountland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted,
(Informant) Dennis Shanfele (Address) Near Jellow Shrin	If not at place of death? Former or usual residence
16 Filed 3/99, 1910 My odu a	Pleasant Hill Mar 30, 1912
To make the second seco	Thousand I des the desects.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., scpsis, tctanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic eause of death approved by Committee on Nomenclachildbirth or misearriage as "Puerpenal septiehac-"Collapse," "Coma," "Couvulsious," "Debility" ("Conture of the American Medical Association.) "Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. ample: The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendatious on statement of "Dropsy," "Exhaustion," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Dr. Heelpi

APR 7 1915 BURRAU, V.S. of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD

PERMANENT

CAUSE OF important.

m ż

1 PLACE OF DEATH County Frederick

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 13/

ederich (No. 8/1, N. Market St.; 4 Ward)

[It death occurred in a hospital or lostitution,

FULL NAME Onfant D.	charfee give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale White (Write the word)	16 DATE OF DEATH Har 18 , 1915 (Month) (Day (Year)
6 DATE OF BIRTH Moar 18 , 19/5' (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 194 to 3/18 195 that I last saw h alive on 1915
TAGE If LESS than 1 day, Q.hrs. OR Q.min.?	and that death occurred on the date stated above, at // 30/m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
10 NAME OF FATHER Edward 16, Sharple 11 BIRTHPLACE OF FATHER (State or country) England 12 MAIDEN NAME OF OF MOTHER OF MOTHER	Contributory Secondary (Signed) (Signed) (Signed) (Signed) (Address) (A
13 BIRTHPLACE OF MOTHER (State or country) England 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Edw. 16, Shappe	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted, It not at place of death? former or usual residence.
(Address) 811, N. Market St.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mot Olivet Cem. Mor 19, 1913. 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persous it should be used only when needed. As examples: who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaethcuia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 6 1915

BURHAU, V. S.

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No.	
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N. B.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCGUPATION is very PERMANENT 4 WITH UNFADING INK-THIS IS See Instructions on back of certificate. item of information should be PLAINLY, WRITE Every Item CAUSE OF important.

1	PL	ACE	OF	DE	ATE



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

fif death occurred in on, ad

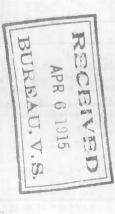
* FULL NAME Helliam C. Sh	a hospital or Institution give its NAME loster of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Page Jan 22 , 1848 (Month) (Day) (Year)	that I last saw h alive on Mch 262 ,1915 and that death occurred on the date stated above, at 7 15 9, n
67 yrs. 2 mos. 4 ds. ORmin.? 8 OCCUPATION (a) Trade, profession, or Petrica Farmer Parficular kind of work.	The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouraflon) yrs. mos. d
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 10 NAME OF FATHER	Contributory (Secondary) (Duration) (Duration) (Signed)
of Father (State or country) Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether Acquire
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 13 MIRTHPLACE OF MOTHER (State or country) Manyland	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) Af place In the Of death yrs, mos ds. State yrs, mos ds.
(Informant) Charles Jumbel	Where was disease confracted, If not al place of death?
(Address). Montona, Manyland 15 Filed Mck, 27, 1918 - Log Manyland REGISTRAR If more blanks are needed, address State Registran	19 PLACE OF BURIAL OR REMOVAL New Market Coemetary 3 - 28, 1915 20 UNDERTAKER NEGALCONER P. 6 E. Franklin St., Balto, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health
Association.]

ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Howsewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative leaithfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

cause of death approved by Committee on Nomencia. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PURRPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ampie: Mcasles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic er" is icss definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acct The contributory (secondary or intercurrent) tetanus) may be stated under the head Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion," Examples: For vio-



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH	STATE OF MARYLAND
County Hred 1.	CERTIFICATE OF DEATH Registration Dist. No. 13.7
Village or City Working Etta	St.; Ward) St.; Ward) Shook [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWEO, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
S DATE OF BIRTH	3-31 1915 to 3-31 1915.
7 AGE (Month) (Day (Year) 7 AGE Month (Day (Year) (Year)	and that death occurred on the date stated above, at 9.30 fm. The CAUSE OF DEATH* was as follows:
CCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory a Cule Ladige tion (Doration) 2 yrs. mos. ds. Contributory a Cule Ladige tion. (Doration) yrs. mos L. de.
11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF COUNTRY) 12 MAIDEN NAME OF MOTHER CLASSIFICATION Showsello	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	At place In the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or osual residence.
(Address) Mt Clery Md. 16 Filed Pp. 2, 1915 mm Dlaufuse REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Liberty Lown 20 UNDERTAKER Sweaduer Bros Liberty Lown
If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persous material worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Treeise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to the and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculçsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal eonditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State eause for



RECORD may O supplied 2 0 Eω S

*1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE Registration Dist. No. If death occurred in Village or St.: .Ward) a hospital or institution, give its NAME instead of street and number. PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED OR DIVORCED (Day) That I attended deceased 6 DATE OF BIRTH (Day) 7 AGE If LESS than of and that death occurred on the date stated above, at 1 day, hrs. min. ? OCCUPATION (a) Trade, profession, or. particular kind of work (b) General nature of industry instructi business, or establishment in which employed (or employer 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed 11 BIRTHPLACE RENT OF FATHER DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL, 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE Al piaca Siale,yrs. (State or countryyrs.mos. mos. ds. Where was diseasa contracted, 14 THE ABOVE IS TRUE TO THE BEST Every item of should state COCCUPATION if not at place of dash?. Formar or (Informant) usuel residenca DATE OF BURIAL 20 UNDERTAKER ADDRESS Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, ctc. engaged in doinestic service for wages, as Servent, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Form loborer, Laborer of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton mabile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupa--Caal mine, etc. is very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part If the occupation has been changed Women at home, who are engaged in Never return If retired from "Laborer." (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telonus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, genital," surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichacmia," "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumania (secondary), 10 ds. Never rent) affection need not be stated unless nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial ges, perilonarum, etc., Carcinoma, Sorcomo, etc., of..... Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull "Scuile," etc.), "Dropsy," "Exhaustion," State cause for which report mere important.



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

PLACE OF DEATH Gounty Grederick THE	784 STATE OF MARYLAND CERTIFICATE OF DEATH
PULL NAME Carolline A.	Registration Dist. No. Withird St.; 3 Ward) Shoults, Registration Dist. No. [If death occurred la a hespital or lostitution, give its MAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Gernale White (Write the word)	16 DATE OF DEATH Moar 19, 1915
B DATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from Men. 19, 1915, to Men. 19, 1915, that I last saw here alive on Men. 19
(Month) (Day (Year) 7 AGE 1 LESS than 1 day, hrs. 9 3 yrs mos ds OR min.?	and that death occurred on the date atated above, at 9, 7 m, The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work None	Sunte Sugrebee
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) / yrs mos ds.
9 BIRTHPLACE (State or country) Mangland 10 NAME OF	Secondary Okalinia (Boration) yrs
FATHER George Sheets.	(Signed) Malles F. Frederick M. D. 3/20, 1915 (Address) Frederick M. D.
OFFATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER Sophice Herrsh	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Maryland;	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place In the ot death yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 15 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 16 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 16 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 17 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 18 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 19 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 10 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 10 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 11 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 12 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 13 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 14 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 15 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 16 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 17 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 18 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 18 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 18 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 18 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 18 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 18 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 18 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 18 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 18 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 18 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 18 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 18 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 18 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 18 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 18 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 18 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 18 OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 18 OF THE ABOVE IS TRUE TO THE BEST OF THE B	Where was disease contracted, If not at place of death?————————————————————————————————————
(Address) 100, 08, Third St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Fred 20 March 1915 dru J. Mulanda	20 UNDERTAKER ADDRESS Thomas F. Rece Frederick
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursults can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing nearin (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, ctc., Carcin-

lnjury, as fracture of skull, and consequences (e. g., scpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "Tuerperal peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inaultion," "Marasthenia," "Anaemla" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclachildbirth or mlscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT NEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

am Geoclell



TARGIN RESERVED FOR BINDING

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CCCUPATION IS PHYSICIANS RECORD of statement PERMANENT Exact stated CIRSE properly AGE supplied. pe may certificate. carefully o 80 of pe back terms. should 0 plain Instructions Ē DEATH item OF Important. Every ite

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Lit death occurred in ---Ward) a hospital or institution, give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. 1919 WIDOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from (Day (Year) If LESS than and that death occurred on the date stated above, at.... 1 day, hrs. The CAUSE OF DEATH * was as follows: OR 7 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) ____ yrs. ___ mos. __ Where was disease contracted. If not at place of death?. Former or usuai residence. OF BURIAL OR REMOVAL DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Hausework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE "Manager," "Dealer," ctc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same aecepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fraeture of skull, and eonsequenees (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal scptichaecte., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-The contributory "Old Age," "Shoek," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of (seeondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified, Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD

CAUSE OF important. S

N. B

37 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

-Ward)

[If death occurred in a hospital or institution, give its NAME instead

FULL NAME George O, Dlip	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Widower or or over the word)	16 DATE OF DEATH Marcha 10, 1915 (Year)
Face January 15th (Year) Wonth) (Day (Year) 7 AGE If LESS than 1 day,hrs. OR	that I last saw has alive on manufaction, 1914, to m, 1914, to m, 1914, to m, 1914, to m, 1914, that I last saw has alive on manufaction, 1914, that I last saw has alive on the date stated above, at 4 m, The CAUSE OF DEATH* was as follows:
a) Trade, profession, or Frances farticular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs mos 7 is. Contributory Interstitual Implicition
10 NAME OF Peter Slifer	(Signed) Deflorme , M. D. marche (, 1915 (Address) Frederick, 2018
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) Manyland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the 74 yrs, 2 mos. 28 ds. State 74 yrs, 2 mos. 26 ds.
(Informant) Chink Hier Suffi	Where was disease contracted, If not at place of death? Former or usual residence. Durketsville
16 Filed 3/11 1915 JM Golman	PLACE OF BURIAL OR REMOVAL DATE OF SURIAL PARTICLE MATCH 12, 1915 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care mino, etc. fication as Day laborer, Farm laborer, Laborer the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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PERMANENT NX UNFADING 0 back piain Instructions OF CAUSE OF important. Every

8 OCCUPATION

PARENTS

15

STATE OF MARYLAND 1 PLACE OF DEATH redoris CERTIFICATE OF DEATH Registration Dist. No.Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than t dayhrs.

(Month) (Day (Year) I HEREBY CERTIFY. That I and that death occurred on the date stated above, at 414 The CAUSE OF DEATH * was as follows: Contributor Secondary (Doration)yrs. OR RECENT RESIDENTS At place State Where was disease contracted, It not at place of death? usual residence DATE OF BURIAL 20 UNDERTAKER ADDRESS

Ilt death occurred in

a hospital or institution, give its NAME instead of street and number.]

OR min. ? (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE OF MOTHER (State or country) REGISTRAR munon If more blanks are needed, address State Registrar, 6 E. Franklin St., Barto., Requesting V. S. No. 1.

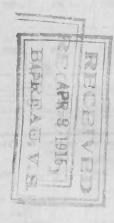


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. etc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma, Sarcoma, etc., of...... (name origin; "Candeut; Revolver wound of head-homicide; Poisoned "Collapse," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart fallure," "Haemorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "," "Coma," "Convulsions," "Debility" ("Con-(Recommendations on statement of (secondary or intercurrent) State cause for



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No lif death occurred in Ward) a hospital or institution give its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE 5 SINGLE, 18 DATE OF DEATH MARRIED. WIDOWED (Month) (Day ORDIVORGED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Day (Year) 7 AGE If LESS than 1 day, hrs. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary (Duration) 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. (State or country 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country Where was disease contracted. If not at place of death? usual residence DATE OF BURIAL 15 APDRESS Filed REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional live is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," merc symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. natural reart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," For Vio-



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PLACE OF DEATH

V. S. No. 1.

PHYSICIANS should of OCCUPATION IS Registration Dist. No .. Ilf death occurred in -Ward) a hospital or institution, RECORD give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. ORDIVORCEO (Write the word) I HEREBY CERTIFY. That I attended deceased from classified. (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. 1 day hrs. UNFADING INK-THIS was as follows: OR min. ? property BOCCUPATION AGI (a) Trade, profession, or particular kind of work supplied. pe (b) General nature of industry. business, or establishment in may which employed (or employer) certificate. Contributory 9 BIRTHPLACE Secondary (State or country) (Doration) 10 NAME OF FATHER 80 of back 11 BIRTHPLACE CHO terms, ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME plain Instructions OF MOTHER Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 5 13 BIRTHPLACE At place in the OF MOTHER of death _____ yrs. ____ mos. State _____ yrs._ (State or country) DEATH Where was disease contracted. See If not at place of death? ŏ Former or OF usual residence mportant. 142 BURIAL OR REMOVAL DATE OF BURIAL Every 16 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, For persons (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [If death occurred in St .:-.Ward) a hospifal or institution, give Its NAME Instead of streef and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) ORDIVORCED I HEREBY CERTIFY, That I attended deceased from (Month (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at f day,hrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER back ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME Instructions OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) Where was diseaso contracted. If not at place of death? Former or CAUSE OF usual residence BURLA OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER APPRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement Never return "Laborer," it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line wili be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehacnus," "Old Age," "Shock," "Uraemia," "Weakness," natural heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of For Vio-



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20 UNDERTAKER ADDRESS

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Ralto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations guinfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is uee-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupathus: If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

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REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

Ilf death occurred in a hospital or Institution. give Its NAME lostead of street and nomber.]

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at 830 Hm. The CAUSE OF DEATH* was as follows: (Duration) Contributory__ 2 191 5 ... (Address) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) In the State _____ yrs. ___ mos. _ _____ yrs. ____ mos. ___ _ ds. Where was disease contracted, If not at place of death?. DATE OF BURIAL 20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons dutics of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in Industrial employments, It is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, mentanges, peritonaeum, etc., Carcinologies

scpsis, tctanus) may be stated under the head of cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless Important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

BUREAU, V.S.

APR 7 1915

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Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	nportant, see instructions on pack of certificate.

m.

1 PLACE OF DEATH

2FULL NAME.

4 COLOR OR RACE

(Month)

5 SINGLE,

MARRIED, WIDDWED.

(Day

1 day,....

County

3 SEX

7 AGE

PARENTS

15

14 THE ABOVE (informant)

DATE OF BIRTH

8 OCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

(Address).....

OF MOTHER

St.;....Ward) (Write the word)

PERSONAL AND STATISTICAL PARTICULARS

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death occurred in a hospital or institution, give its NAME instead

		••••••	and mamper-1
ME	DICAL CERTIFICATE	OF DEATH	
16 DATE OF DEAT	H Muar	38 (Day	, 1915 (Year)
17 I H	EREBY CERTIFY, That		ceased from
***************************************	, 191, to		, 191
that I last saw h	alive on		, 191
and that death occ	urred on the date state	d above, at	m
	ATH* was as follows:		11110
acea i	watterd	ev. Co	aux
100cm 1	val leu	rusu	gue,

	(Duration)	yrs	mosds
Contributory	9 		
	(Duration)		
(Signed)	Dill. No	irlie	, M. D
	15 (Address) Bur	1 3 0	the rud
CAUSES, state (1 TAL, SUICIDAL, or	EASE CAUSING DEATH, () MEANS OF INJURY; HOMICIDAL.	and (2) whet	her Acciden
At place	SIDENCE (FOR HOSPITAL In the mos ds. State		
Where was disease con	tracted,	1	, mus.,
If not at place of death?	***************************************	***********************	***************************************

(b) General nature of industry, business, or establishment in which employed (or employer) (State or country) 12 MAIDEN NAME 13 BIRTHPLACE OF MOTHER (State or country) 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. additional line is provided for the latter statement: cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive who have no occupation whatever, been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons write None. "Foreman," engineer, (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobur pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, totanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichac cause. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Inmor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failnre," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhanstion," Never report cause for For vio-



N.B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County Thre derich	CERTIFICATE OF DEATH Registration Dist, No. 134
Village or City Mor Ensuits Conorg	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead
FULL NAME John W. Sp	Annal Moteral of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Married, Married, Married, Willowed, ORDIVORCED (Write the word)	16 DATE OF DEATH More 10 ,1915 (Year)
S DATE OF BIRTH Sehl 1.5	I HEREBY CERTIFY, That I attended deceased from
	Year) that I last aaw h ma alive on M Crol 1915
	ESS than and that death occurred on the date stated above, atm,
1, 4	The CAUSE OF DEATH* was as follows:
(a) Trade, protessian, or particular kind of work	artenosoleron
(b) General nature of industry, business, or establishment in which employed (or employer)	(Quration) yrs Orc mos ds.
9 BIRTHPLACE (State or country) Rederick bom	Contributory Waty Signature Secondary (Duration) Oris Posette
10 NAME OF Edward Spring	(Signed) South & James'm, M. D.
V 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
of Mother Mary Vanne	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORTE
13 BIRTHPLACE OF MOTHER (State or country) Fare Marich les	At place in the ot death yrs mos ds. State yrs mos ds
(Informant) Mrs & annie Spring	former or
(Address) Canails fund /	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Anold 11, 1915 M. Fr. Sharp	20 UNDERTAKER SOUNDERTAKER SOUNDERTAKER SOUNDERTAKER
If more blanks are needed, address Sta	- Heli Spriff (Mercy la presel).

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dcaler," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to cach and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

schsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Iuanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for "Exhaustion,



V. S. No. 1.

N. B.-

supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classifled. Exact statement of OCCUPATION is very RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS carefully supplied. DEATH in plain terms, so that it ma Every Item of Information should be CAUSE OF DEATH in plain terms, so important. See instructions on back of

STATE OF MARYLAND CERTIFICATE OF DEATH

S. S. A.	Registration Dist, No.
Village or City/lear Atten Mo. 2 Pull NAME Selen Mary	St.; Ward) [It death occurred is a hospital or iostitution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
8 DATE OF BIRTH 22, 1975 (Month) (Day (Year)	that I last saw here alive on Manch 9 1916.
7 AGE If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work (b) General nature of Industry,	7
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER CHAS SAUE	(Signed) Trs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds
(Interment) Character of the Best of MY KNOWLEDGE	Where was disease contracted, It not at place of death? Former or usual residence
16 Filed Alch 4, 1915 Franson D. Snooth	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 191.2. 20 UNDERTAKER ADDRESS
REGISTRAR	trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canscpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (Recommendations on statement of (secondary or intercurrent) For vio-



RECORD

PERMANENT classifled. pe pino properly AGI supplied. pe may certificate. Jo terms. plain Instructions Information C DEATH See Jo Item OF mportant. lu. Every (0)

STATE OF MARYLAND PLACE OF DEATH Registered No. [If death occurred inWard) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED, WIDOWED, (Month) (Year) Write the word) I HEREBY CERTIFY. That I attended deceased from 17 6 DATE OF BIRTH (Day) (Year) (Month) If LESS than and that death occurred on the date stated above, at. TAGE t dayhrs. BOCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of industry, business, or establishment in (Duration) ... which employed (or employer) -----Contributory..... 9 BIRTHPLACE (State or country) (Secondary) (Deration) 10 NAME OF FATHER (Address) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) State yrs, ____ mos. of death _____ yrs. ___ mos. ___ ds. Where was disease contracted. If not at place of death? Former or (Informant). usual residence DATE OF BURIAL lax. D 15 nionvil If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S.

[Approved by U. S. Census and American Public Health Association.]

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such, if impossible to determine definitely. childbirth or miscarriage, as "Purpersal septichaeinjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acetwhich surgical operation was undertaken. oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Scnile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," etc. (name origin; "Candeath), 29 ds.; State cause for Examples: For VIO-



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07	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R	um of information should be carefully supplied. AGE should be stated EXACTLY. P OF DEATH in plain terms, so that it may be properly classified. Exact statement of the See instructions on back of certificate.
MARGIN RESERVED FOR BINDING	PERI	stated Exact
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state Very

HYSICIANS should

PARENTS

3 SEX

7 AGE

6 DATE OF BIRTH

BOCCUPATION (a) Trada, profession, or particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

13 BIRTHPLACE

OF FATHER

ECORD

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Frederick Registration Dist. No ... fit death occurred in a hospital or institution. give its NAME Instead ot street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. Viclous 1915 ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 1837 (Month) (Day (Year) It LESS than and that death occurred on the date stated above, at_ 1 dayhrs. 23 OR min. ? (b) General nature of industry. business, or establishment in which amployed (or employer) Lettreel (Duration) Contributory. Secondary (Signed).... (Address)

(State or country) 12 MAIDEN NAME OF MOTHER

OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO

15 Filed 4 REGISTRAR

usual residence. 19 PLACE OF BURIAL OR REMOVAL

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.

State __

____ yrs, __

DATE OF BURIAL

20 UNDERTAKER

OR RECENT RESIDENTS)

of death _____ yrs. ____ mos. __

Where was diseasa contracted.

It not at place of death?-

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

At place

Former or

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," ctc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 6 1915

PERMANENT

4 2 Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNFADING INK-THIS

WRITE PLAINLY, WITH

N. B.—Every item of information CAUSE OF DEATH in plai

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'n	
•	

	I DU LOS OT DEATH	3798
1	PLACE OF DEATH	STATE OF MARYLAND
Co	unty Jare Merick	CERTIFICATE OF DEATH
		Registration Dist. No. / 3/
Vil	lage or City Frederick (No. 300; 2	. Market St.; Ward) [It death occurred in a hospital or institution,
	FULL NAME Dr. Samuel. Kin	give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 3 17 ,1913 (Month) (Day (Year)
6 p	ATE OF BIRTH	17 A I HEREBY CERTIFY, That I attended deceased from
	1825- Brasch 11.	1911, to Was 17, 1915,
	(Month) (Day (Year)	that last saw h wallye on Musel 16 ,1913
7 A	,	and that death occurred on the date stated above, at 4 Pm,
	90 yrs mos 6 ds OR min.?	The CAUSE OF DEATH* was as follows:
	CCUPATION	Clincinones & Richard
A pa	Trade, profession, or Octuary Surgeon	
(b)	General nature of Industry,	3
whi	siness, or establishment in ich employed (or employer)	(Duration) 3 yrs. 8 mos. ds.
9 B	(State or country) Glassgor, Scotland	Gentributory Lewelly Secondary (Buration) 7 yrs 8 mas de
	10 NAME OF Juris Sylverk	(Signed) (Signed) M. B.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Glassaforo, Scotlage	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PAR	12 MAIDEN NAME MARY King	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Ylassofor, Scotland	At place In the ot death yrs mos ds. State yrs mos ds
14 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) Polliam C. Sylverk	Former or
	(Address) 300. In market Cely	19 PLACE OF BURNAL OR REMOVAL DATE OF BURNAL
15	(AUUI 600)	M. alivet ben March 19, 1910
FIL	18 March 5 dry 9 Mc In	20 UNDERTAKER ADDRESS /
	December 1	19 1.1.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING NEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupatious gainfully employed, as At schoot or At home. Care duties of the household only (not paid Housekeepers statement. additional liue is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is ucebeen changed or given up on account of the misease who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b)Civit engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the msease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of tungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably LENT NEATHS state MEANS OF INJURY and qualify as mia," "PUERFERAL perilonitis," etc. State eause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes valvular heart disease; Chronie interstilial nephritis. nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidentat drowning; Struck by railway train-acciwhich surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaccte., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; For VIO-



N. B.-

PLACE OF DEATH	in Q	3799 STATE OF MA	
County Trikerie		CERTIFICATE O	F DEATH
7		Registration Di	st. No.
Village or City Trederi	en Ma	by Marghits Ward	a nospital of institution,
FULL NAME 6	alvin a	gustus Thomas	give its NAME instead of street and number.]
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
Male White	5 SINGLE, MARRIEO, WIOOWEO, ORDIVORCED (Write the word)	16 DATE OF DEATH Franch (Month)	4 ,1916 (Day (Year)
6 DATE OF BIRTH SIAT	-24 84	March 1, 1915, to The	arch 4 1915
(Month)		that I last saw h. m. allve on	orch 4 ,1915
· AGE	If LESS than 1 day,hrs.	and that death occurred on the date states	d above, at 12 m.
/3 yrs	mosds. ORmin.?	The CAUSE OF DEATH * was as follows:	
OCCUPATION (a) Trada, profession, or Rotice particular kind of work	& Merchant	Carcinoma of	large bowel
(b) General nature of Industry,			
business, or establishment in which employed (or employer)		(Ouration)	yrs. / mos / ds.
9 RIRTHDIACE		Contributory analm	uar
(State or country) Tred	KCo. mid	Secondary	. 1 2
10 NAME OF FATHER	u known)	(Signed) m m m	x ys 3 mos x ds.
OF FATHER	44	march 5, 191 S. (Address)	reak ma
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Marg		*State the DISEASE CAUSING DEATH, OF CAUSES, State (1) MEANS OF INJURY; a TAL, SUICIDAL, OF HOMICIDAL.	nd (2) whether ACCIDENT
of Mother Marg	aret Thomas	18 LENGTH OF RESIDENCE (FOR HOSPITALS	
13 BIRTHPLACE OF MOTHER (State or country)	1. Co. ned.	At place in the of death yrs, mos ds. State	yrs, ds
14 THE ABOVE IS TRUE TO THE BES	T OF MY KNOWLEDGE	Where was disease contracted,	***
(Informant) Mrs. C. a.d	howas	Former or	***************************************
mit al	essout me	19 PLACE OF BURIAL OR REMOVAL	99 000 00 00 00 00 00 00 00 00 00 00 00
(Address)		W. Oliver Country	MICH 6 1915
Fige 5 March 191 6 Osm	J.M. Coundy	20 UNDERTAKER	ADDRESS
If more blanks	REGISTINAR TO	16. C. Colina	Treducto red
II more blanks a	tre needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S	. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illstatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. cated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfication as Day laborer, Farm laborer, Laborer-Coal For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumouia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a dcfinite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchomncumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver woun Accidental drouning. Struck by railway train-acciwhich surgical operation was undertaken. "Collapse," "Coma," "Couvulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing of head-homicide; Poisoned death), 29 ds.; "Exhaustion," For VIO-



PHYSICIANS should state of OCCUPATION is very

properly classified. Exact statement

AGE

See instructions on back of certificate.

OF Every Item CAUSE OF Important.

Z. 8.

should be

RECORD

1	PLACE	OF	DEATH
N 10	74.	2.	uok
County_	1/00	70	COIC

3600 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 14

St.;.....Ward)

[If death occorred in a hospital or Institution, give its NAME instead of street and nomber.]

Brewserck (No.

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	ex de de de la color or race single, marrieto, marrieto, monte de la color or race single, marrieto, monte de la color or color de la c	(Article) (Article)
6 D	ATE OF BIRTH WINTER.	17 I HEREBY CERTIFY, That I attended deceased from, 191, 191,
	(Month) (Day (Year)	that I last saw h alive on , 191
7 A	GE if LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(a pa	CCUPATION) Trade, profession, or refugility for the control of work	Peijar mr. 204 1918
	siness, or establishment in Ich employed (or employer)	(Duration)yrsds.
9 8	(State or country)	Contributory Secondary (Dorrtion) yrs mos ds.
	10 NAME OF FATHER NU / Known	(Signed) Verice West, M. D.
STNE	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PARE	12 MAIDEN NAME OF MOTHER M. Known	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) We Known	Al place In the of death yrs mos ds. State yrs mos ds
	(interment)	Where was disease contracted, if not at place of death? Former or usual residence.
15	(Address)	WMG Jan Fred & O, May 2/, 191.0
Fil	led War 28 195 Leven Was	C. W. Fute Han Bruswick his

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the DISEASE (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 6 1915

BUREAU. V.S.

T. S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD V WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.-

1 PLACE OF DEATH	380 STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
County Viewer (C	Registration Dist. No. 188
Village or City New Market (No. No. No. WA	St.; Ward) [if death occurred in a hospital or lostilution, give its NAME instead of street and number.]
-FULL NAME	/11
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Make white (Write the word)	(Month) (Day) (Year)
8 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h alive on Meh. 21sh , 1914
7 AGE 11 LESS than 1 day,hrs. 0Rmin.?	and that death occurred on the date stated above, at 9/1 P. m. The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, protession, or parficular kind of work The particular kind of work The partic	Magues Peters
(b) General nature of Industry, business, or establishmenf in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Runsylvama.	(Secondary) Contributory Valuation Ont Kun (Description) (Description) (Description) (Description)
10 NAME OF John Mg	(Signed) N. Holycus, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
OF MOTHER Clisabeth Hoth.	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR SECONT RESIDENCE)
13 BIRTHPLACE OF MOTHER (State or country) Amouloum	Af place in the of death yrs, mcs ds. State yrs, mcs ds.
(Interment) Charles M. Wy (Son.)	Where was disease contracted, If not at place of death?
(Address) New Maryet, Manyland	Pleasent Hell 3-24, 1915
FIREMOR, 28, 191V- La March REGISTRAR	20 UNDERTAKER ADDRESS
	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative Realthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," 9

Statement of cause of death—Name, first, the disease causewo death—Name, first, the disease causewo death—(the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purpresal septicharture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic "Contributory." Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJUSY and qualify as Bronchopneumonia (secondary), 10 ds. er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of The contributory tetanus) may be stated under the head of (Recommendations on statement of (secondary or intercurrent) (name origin; "Can "Exhaustion," Never report Examples: For VIO-



Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.

1 PLACE OF DEATH



3802 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 143

.....Ward)

[If death occurred in a hospifal or Institution, give its NAME Instead of street and number.]

PERSONAL AN	ID STATISTICAL PARTICU	LARS	MEDIC	CAL CERTIFICATE	OF DEATH	
yemal tol	OR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the	word)	DATE OF DEATH	Murch (Month)	(Day (Ye	
8 DATE OF BIRTH			1		I attended deceased	rrom
	12 22 (Month) (Day	, 183-0 (Year)	that I last saw her	1915 to Mas.	/ ")1 <u>⊘</u> .,
7 AGE		if LESS than	and that death occurre	ed on the date state	d above, at 5. P	m.
64	yrs. 2 mos 14 d	4 day hee	The CAUSE OF DEAT	H* was as follows:		,
(a) Trade, profession, or particular kind of work	ouse woo	K				
(b) General nature of industry, business, or establishment in which employed (or employer)				(Duration)	yrs / mos. /	9.ds.
9 BIRTHPLACE (State or country)	Varaland	1	Contributory Secondary		P	da
10 NAME OF FATHER	n A. Wag	nes	(Signed) Car	Actor !	Batio.	M. D.
7 11 BIRTHPLACE OF FATHER (State or countr W 12 MAIDEN NAME OF MOTHER	") Hanglan	nd		E CAUSING DEATH, 6	or, in deaths from Vicand (2) whether Acc	DLENT CIDEN-
OF MOTHER	enal & De	mehro	18 LENGTH OF RESID			
13 BIRTHPLACE OF MOTHER (State or countr	s) Haylan	A	Af place of death yrs	in the mos ds. State	yrs mos	
14 THE ABOVE IS TRUE	TO THE BEST OF MY KNO		Where was disease contract If not at place of death? Former or		100-00-0000000000000000000000000000000	• • • • • • • • • • • • • • • • • • •
(informant)	(am 01/100	mes	usual residence		.00000000000000000000000000000000000000	
(Address)	feston,	11.2	ALT PLANE	OR REMOVAL	Alor 8	015
Fliet Has, 2.19	SM. R. Eter	REGISTRAR	20 UNDERTAKER	him	ADDRESS OCHLESSAN	J1.61.

S. No. 1.

[Approved by U: S. Census and American Public Health Association.]

additional line is provided for the latter statement; tion is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as daties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various parsnits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold alse of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

sepsis, tetanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State canse for childbirth or miscarriage as "Puerperal septiehaethenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tnmor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which snrgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion." Never report



BINDING RESERVED FOR MARGIN

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

	3803
1 PLACE OF DEATH	STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
South of m	Registration Dist, No.
Village or City Frederick (No.	St.: Ward) It death occurred is
FULL NAME Onfaut	Vatkers a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale Whete Single, Single MARRIED, WIDOWED, ORDIVORCED (Write the Word)	16 DATE OF DEATH Month) (Month) (Day (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	march 20, 1915, to march 2/, 1915.
(Month) (Day (Year)	that I last saw her alive on march 20 ,1915
⁷ AGE If LESS than	
1 dayhrs.	and that death occurred on the date stated above, at
yrs o mos & ds. QR min. ?	THE OROSE OF BEATHA Was as follows:
a) Trade, profession, or	Trainest on
particular kind of work.	
(b) General nature of industry, business, or establishment in	(8
which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Maryland	Secondary (Sanata)
10 NAME OF FATHER OF	(Signed) O.
o Maymond Watkins	
11 BIRTHPLACE OF FATHER	March 22, 1915. (Address) Trederick, mg
OF FATHER (State or country) Manual Manual Country Manual Country of Mother Soft Mother M	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The state of Mother of the state of the stat	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Manufacture	At place in the of death yrs, mos, ds. State yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
loter Engle	it not at place of death?————————————————————————————————————
(Informant)	usual residence
(Address) Sweeth of Tweelevels	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 31	New Market Med Mar 22, 1913'
Filed I 22,1915 All So a duran	20 UNDERTAKER ADDRESS
REGISTRAR	Thomas P. Roice Frederick
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. been changed or given up on account of the disease gainfully employed, as At school or At home. minc, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," Never report



V. S. No. 1.

ry c	1 PLACE OF DEATH	STATE OF MARYLAND
s ve	County Firederick	CERTIFICATE OF DEATH
= 1	9	Registration Dist. No. 13
PHYSICIANS should of OCCUPATION	Village or Gity Hrsdrick (No. 14, 2) 2FULL NAME Charles, albert	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
r. P	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTL t statem	Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH March 23, 1915- (Month) (Day (Year)
e stated Fied. Exact	6 DATE OF BIRTH July (Month) (Day (Year)	that I last saw ham alive on Much 22 m 1915 -
should b	7 AGE 70 yrs 8 mos 16 ds. OR min.?	and that death occurred on the date stated above, at 280 cm, The CAUSE OF DEATH* was as follows:
AGE proper	(a) Trade, profession, or particular kind of work	Brock Pneumonn
fully supplied it it may be tificate.	(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Ardensline Serman	Contributory Plute Brought and Secondary Internation Wellington
ould be careful terms, so that n back of certifi	OF FATHER GLED, Whittler 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 10 NAME OF GLED WHITTER 11 BIRTHPLACE OF MOTHER OF FATHER GLED WHITTER OF MOTHER 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) , M. D. , 1911). (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, or Homicipal.
ormation sh H in piain structions o	12 MAIDEN NAME OF MOTHER Not Known 13 BIRTHPLACE OF MOTHER (State or country) Sermany	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place in the of death yrs mos ds
/ Item of Inf SE OF DEAT rtant. See In	(Informant) Files Gross Cities and	Where was disease contracted, if not at place of death? Former or osual residence
N. B.—Every CAUSI	Filed 2 9 Mandal 91 5 Clary My Constants	Mt Chief Cometing Mas 25, 1915
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care (a) Spinner, (b) Cotton mill; (a) Salesman, Groeery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

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ERMANE	A	IS	K-THIS	IC IN	PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN	WITH	LAINLY,
ERMANE	A	IS	K-THIS	CIN	UNFADIN	WITH	NLY,

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DEATH

5 Item 9 mportant. CAUSE

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WRITE

state Very

RECORD

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred inWard) a hospital or institution, give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1.254 m 1 day,.....hrs. The CAUSE OF DEATH* was as follows: OR min. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER 0 0 terms, on back PARENTS

11 BIRTHPLACE OF FATHER (State or country 12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

REGISTRAR

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS

At place Where was disease contracted. It not at place of death?

usual residence 92 8 Ridgely	Al, Coalle, ho
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

20 UNDERTAKER

ADDRESS nurus

If more blanks are needed, address State Registrar, 6 E. Franklin St., Bako., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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V. S. No. 1.

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pe UNFADING INK-THIS IS AGE carefully supplied. WRITE PLAINLY, WITH of information should b . B.—Every Item CAUSE OF I

PHYSICIANS should atate

RECORD

PERMANENT

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may be properly classified. Exact statement of OCCUPATION

certificate.

See Instructions on back of

PARENTS

15

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7 AGE

EXACTLY.

is very

1 PLACE OF DEATH County Treserick

Village or City Brunnerck



3800

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 14/

-Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and nomber.]

2FULL NAME.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Final Whit Single, Married, Wildowed, Ordivorced (Write the word)	16 DATE OF DEATH Month) (Month) (Day (Year)
DATE OF BIRTH Maz 14, 1915 (Month) (Day (Year)	that I last saw h alive on more 16 1915.
7 AGE It LESS than 1 day,hrs.	and that death occurred on the date stated above, at S. P. m. The CAUSE OF DEATH* was as follows: Treat In Jacob. In account on
OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration)
9 BIRTHPLACE (State or country) 10 NAME OF	Contributory Secondary (Duration) yrs mos ds.
TATHER CLOSURG O. FOOLS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER TAMES OF MOTHER TAMES OF MOTHER	(Signed) , M. D. 30, 1915. (Address) Scarrow of My State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, on RECENT RESIDENTS) At place In the ot death yrs, mos. ds. State yrs, mes. ds Where was disease contracted,
(Informant) Clarus Q Nords	It not et place ot death?————————————————————————————————————
Filed Mo 30 1915 Xevin Fresh	Prince of Burial or REMOVAL DATE OF BURIAL Provide Andrews 191 5
REGISTRAR	Clarence O. Woods Brunsway no
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

nant peoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



V. S. No. 1.

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	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANE	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACT CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state important. See instructions on back of certificate.
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	3807
1 PLACE OF DEATH	STATE OF MARYLAND
county freedomake	CERTIFICATE OF DEATH
County	Registration Dist, No. 141
Village or City Brewiswich (No. (No.	St.; Ward) [It death occurred in a hospital or Institution, give its NAME instead
FULL NAME Dreat of Churca O ties	True Withs of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nd 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
mor 14,915	Thor 14 1915, to thor 15 , 1915;
(Month) (Day (Year)	that I last saw h we alive on mr 14 ,1915
TAGE It LESS than 1 day. 10 hrs.	and that death occurred on the date stated above, at 3. A, m, The CAUSE OF DEATH* was as follows:
S OCCUPATION	Trak In Jaws. Jun Burch
(a) Trade, profession, or	V
particular kind of work	***************************************
Ubusiness, or establishment in which employed (or employer)	(Duration)mosds.
9 BIRTHPLACE (State or country)	Contributory
(State or country)	Secondary
10 NAME OF Clarue O. Koods	(Signed) (Duration) yrs mos ds.
	mrs 15 ,19N (Address) Breward Snd
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 77 0112	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	15 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
	ot deathyrs,mosds. Stateyrs,mosds Where was disease contracted,
(Informant) Carrie to the Best of My Knowledge	It not at place of death?
Brus wards mt	USUAl residence
(Address)	Bruse of Burial or REMOVAL DATE OF BURIAL
Filed mor/5 195 Levin West	20 CANDERTAKER ADDRESS
FIELD 191	Clarue D. Troops 13rumanos mi
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE material worked on may form part of the second it should be used only when needed. Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcine

ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. . State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from (secondary or intercurrent)



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

DEATH in plain

CAUSE OF Important.

N.B.

AGE

carefully supplied.

supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very

PERMANENT

1 PLACE OF DEATH
County Frederich
Village or City Freder
FULL NAME

3808 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 13

Fannie W. Woodward

[It death occurred la a hospital or Institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Figure White. (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
DATE OF BIRTH	I HEREBY GERTIFY, That I attended deceased from
Moar 16 1847	1915, to 1916.
more and the section of the section	that I last saw h 1 alive on Lelly 28 1910
(Month) (Day (Year)	
1 LEGG INGII	and that death occurred on the date stated above, at,
6 7 yrs 11 mos 15' ds OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	Varemona of Lever
(a) Trade, profession, or Hocese Wife	
(b) General nature of industry, business, or establishment in	(Duration) Lo 210x 1 Cu o w ds. ds.
which employed (or employer)	(Ouration) yrsmosds.
BIRTHPLACE	Gentributory
(State or country) Maryland	Secondary Do not Throw
10 NAME OF	(Journation)yrsmasds.
FATHER / No had	(Signed) J.M. Goodman, N.
11 BIRTHPIACE	a p
C OF FATHER	3/1 1915 (Address) Irl dlin ex. Zuc
(State or country) Germany	*State the Disease Causing (Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental Sulphy or However,
M 12 MAIDEN NAME OF MOTHER OF	TAL, SUICIDAL, OF HOMICIDAL.
a Olygbeth Hagan	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER	OR RECENT RESIDENTS) At place in the
(State or country) Virgunia	of death yrs mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informanty Ma, A, Woodward	Former or
(Informant)	usual residence
(Address) 122, W. Patrich St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
5	Mot Olivet Com Man 3 1915'
	20 UNDERTAKER ADDRESS
Frend March, 1910 and J. M. C. Saucediff	2
REGISTAGE	Thomas J. Rice Frederick

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

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sepsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (mercly symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicidc. The nature of the ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 6 1915

BUREAU, V. S.